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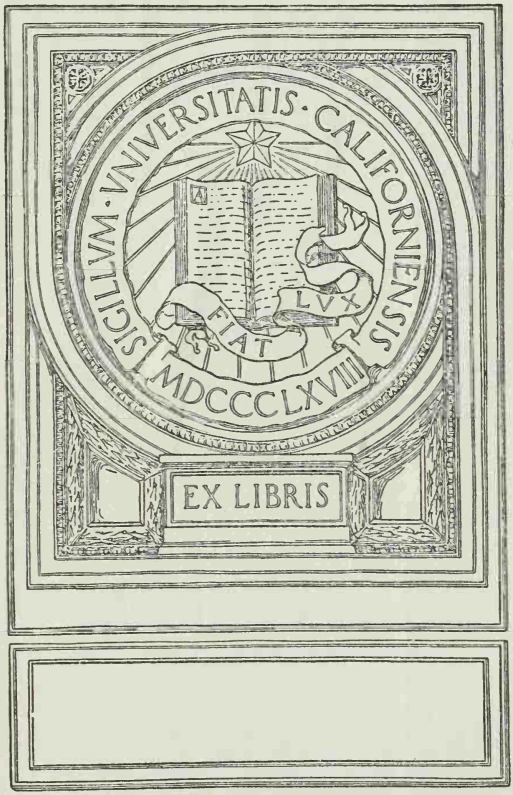

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ORGANIZATION OF PUBLIC HEALTH NURSING

Series of Public Health Nursing Handbooks

MARY S. GARDNER, General Editor

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The Public Health Nurse who, spade in hand, is planting the tree of life, namely the desire for better things—better health, better homes—in the waiting soil of the community; for

"When the Desire cometh it is a Tree of Life."

ORGANIZATION OF PUBLIC HEALTH NURSING

BY
ANNIE M. BRAINARD

1919

New York
THE MACMILLAN COMPANY
1919

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FOREWORD

Public health nursing is a profession still in process of evolution. The principles and procedure which govern its organization and practice are still far from definitely settled. That which yesterday we thought impossible has to-day become an established fact; some principles which at first we felt immutable have gradually become more and more modified until to-day we feel surprise that we could ever have tolerated the former attitude. And these changes, too, have, many of them, taken place within a few short months.

It was apparent from the first, therefore, that a didactic book on the "Organization of Public Health Nursing" was impossible. Before it could leave the printers' hands many of its points might have become antiquated.

In the following chapters, therefore, I have tried merely to point out a few of those general principles which seem to us to be fundamental, and to describe various forms of organization that have been tried and found satisfactory, hoping that a knowledge of what other people are doing will be of some assistance to those who are working along the same lines.

I feel keenly that the attempt has been far from adequate. There are many types of organization that I have not touched upon; there are many points that I may have misinterpreted. I hope, however, that those who read it will overlook its shortcomings, and may find in its pages some of the inspiration which I have found in its writing.

ANNIE M. BRAINARD.

June 28, 1919.

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INTRODUCTION

These years of war have produced a very rapid development in public health nursing. Child conservation, the low physical status of our young men as shown by examinations for the draft, efforts to control tuberculosis, the fight to stamp out venereal disease, the effort to organize health in communities surrounding the great camps—all these activities have largely increased public knowledge of preventive medicine and the demand for its application through the employment of public health nurses.

If the public health nurse is to fill adequately the important position in this general public health movement now assigned to her, an increasing effort must be made to so organize her work as to remove all unnecessary friction from the wheels of administration. Miss Brainard, after a long experience in the public health nursing world in a city notable for its organized health effort, is in a position to state clearly not only the general principles underlying all forms of systematized organization, but is also able to place at the disposal of those unused to such work valuable suggestions regarding simple matters of detail on which depend success or failure.

The pendulum of approbation swings constantly between centralized and decentralized forms of organization, those which seek to raise standards through a centralization of authority and those which aim principally at the stimulation of local or personal initiative. A via media doubtless exists which avoids on the one hand a sacrifice of standards and on the other a sacrifice of personal initiative. Miss Brainard makes clear the fact that each community must fit its organization to its need, but in doing so much is to be gained by a thoughtful study of methods employed elsewhere.

Three elements are essential to the successful administra-

tion of public health nursing:—first, the authority of federal, state, or municipal health control; second, an informed public; third, professional workers—i. e., public health officers and public health nurses. The National Organization for Public Health Nursing includes in its membership and management these essential types.

This book, the first of a series dealing with subjects essential to the development of public health nursing, and written by a lay woman, is indorsed by the National Organization for Public Health Nursing. It sets forth principles and procedures which have stood the test of time and the strain of great pressure during the last two years of war emergency.

It will be welcomed by many gropers in new fields and will be read with interest and profit by those who have struggled for years with the always difficult problems of organization and administration.

MARY SEWELL GARDNER.

ORGANIZATION OF PUBLIC HEALTH NURSING

ORGANIZATION OF PUBLIC HEALTH NURSING

CHAPTER I

THE NEED OF ORGANIZATION

The value and success of Public Health Nursing depends very largely upon the organization back of the work. This is doubtless true of all large and complicated forms of work, whether public or private, but eminently so in regard to Public Health Nursing. The work of the Public Health Nurse affects the entire community; it is closely allied to the state, county and municipal health authorities; it must co-operate with all medical, as well as social agencies; it is non-sectarian and must be gladly utilized by Jew, Protestant and Catholic alike; it must not be the child of any one political party, yet must often seek the aid and support of public officials; it must be friends with all, and yet stand definitely for certain fixed standards which admit of no compromise.

Such work must necessarily often pass through complications difficult of adjustment; must often run into unsuspected sloughs of prejudice and jealousy and ignorance and suspicion; must be all things to all men, and yet must never lower its flag, or compromise when its principles are at stake.

Such work needs very careful organization. Unless the machinery which carries it on is properly set up, unless the principles which govern it are those accepted as the best, unless the women who carry it on are adequately trained, it will surely run amuck and ultimately come to shipwreck against reefs and rocks.

Indeed, there have been instances where the form of the

organization has seemed even more important than the experience of the women doing the work. A community may engage the most highly trained and efficient Public Health Nurse procurable, and yet the organization behind her be so poor that her hands will be completely tied and she unable of herself to do more than routine and palliative work or to contribute anything to the constructive health work of her district. On the other hand, a well organized center has often been able to carry on very satisfactory Public Health Nursing even when unable to procure a specially trained Public Health Nurse.

Organization, therefore, being of such paramount importance, it is highly desirable that not only lay people but nurses as well should familiarize themselves with the forms found most practical and satisfactory, and with the best methods and procedure in the administration of the same.

It may be asked by some, "Why is any organization necessary? Cannot the nurse herself perform the work without the supervision of lay people who know less than she does about nursing? If her salary is assured by one or more persons, and she is a graduate nurse of proper qualifications can she not nurse her patients better if left unhampered by boards and committees and unreasonable lay people?" To this I would answer, that a Public Health Nurse, no matter how good or how highly trained she may be, should never work without some form of organization behind her. In fact, a properly trained Public Health Nurse would not undertake the work without an organized group of people behind her. She would not dare to. She knows full well that often she will need counsel and advice which only such a group can give; and she knows that complications and troubles may arise in which she would be helpless had she not a strong organization back of her upon which she might rely for support and help. For the position of a Public Health Nurse is very different from that of a Private Duty Nurse. The latter is sought for by the patient or the patient's family. Her services are solicited and paid for by the individual like any other service,

either medical or commercial. The patient or his family takes the full responsibility for her presence in the sick room, and when the friends withdraw and place the patient in the hands of the nurse they do so voluntarily. If perchance they happen to engage a nurse with insufficient training, or if anything goes wrong in the care of the patient no one is involved but the individuals concerned. It is a matter purely between individual and individual, and no outsider is implicated; neither does the nurse herself run great risk so long as she attends faithfully to her duties and performs them conscientiously.

With the Public Health Nurse it is quite otherwise. In the first place she enters the home, often unsolicited, as an agent from without. The members of the family cannot always understand why a stranger should come in and give advice, sometimes quite contrary to their accepted way of doing things. Fortunately she does not only give advice, but also serves with her hands, and thus, demonstrating her value, usually wins her way. Moreover, the people who are ministered to by the Public Health Nurse have had no part in selecting her. She is thrust upon them, so to speak. If they do not like her they are unable to make a change; if anything goes wrong they are more than likely to charge it to the nurse, and the nurse needs the backing of responsible people to help her meet the charge. Moreover, a Private Duty Nurse may refuse to care for a case under a particular doctor; a Public Health Nurse is expected to care for patients under all kinds of doctors.

In the one case, a particular nurse is sought, is engaged on a business basis and voluntarily entrusted with the care of the patient; in the other, the nurse enters the home often unsolicited, the patient has no voice in her selection and, being unsought, she is more open to criticism.

It can easily be seen, therefore, that a Public Health Nurse working alone, with no strong organization back of her in whom the public could rely as responsible for her character and the standard of her work, might easily fall into all kinds

of trouble, both legal and otherwise, and that the ultimate success of her work may depend largely upon the machinery which controls it.

Moreover, a nurse working alone can accomplish only sporadic good unless she is backed by a permanent organization able to carry on the work after she has gone. She can do only an individual piece of work—it may be good, it may be bad—and it seldom goes beyond bedside care and temporary palliative measures. No far-reaching, constructive public health work is possible; the effort is limited by the limitations of the individual; if she drops out, the work ends; or if it is continued by another individual it will be continued along different lines, for no two people ever see a problem in the same light or try to solve it in the same way. There will be a change of method, a change of procedure, possibly a change of standard; all this will be very perplexing to the public and very disrupting to the work. Therefore there should always be some form of permanent organization, independent of any individual nurse or individual trustees and directors, with fixed policies and recognized standards, and capable of carrying on a consecutive and constructive piece of work long after the individual nurse employed has gone to other fields of labor.

An organization for Public Health Nursing may be public or it may be private: and right here it may be well to define *Public Health Nursing*. It does not necessarily mean nursing done under the direction of a public department of health: it means nursing done for the health of the public. It does not mean merely bedside care; it means nursing care, with an eye to the social as well as the medical aspects of the case. A Public Health Nurse may be defined as: Any graduate nurse who is doing any form of social work in which the health of the public is concerned, and in which her training as a nurse comes into play or is recognized as a valuable part of her equipment. In the past, such nurses were generally called District Nurses, or Visiting Nurses; but as their work gradually outgrew confined districts, and

as many of them—notably school nurses and factory nurses—did little or no visiting in the homes, the term Public Health Nurse was substituted and is now used to cover the entire field. She works to maintain and improve the health conditions of the public, by bedside care, by instruction, by urging sanitary measures, by guarding against contagion and by demonstration.

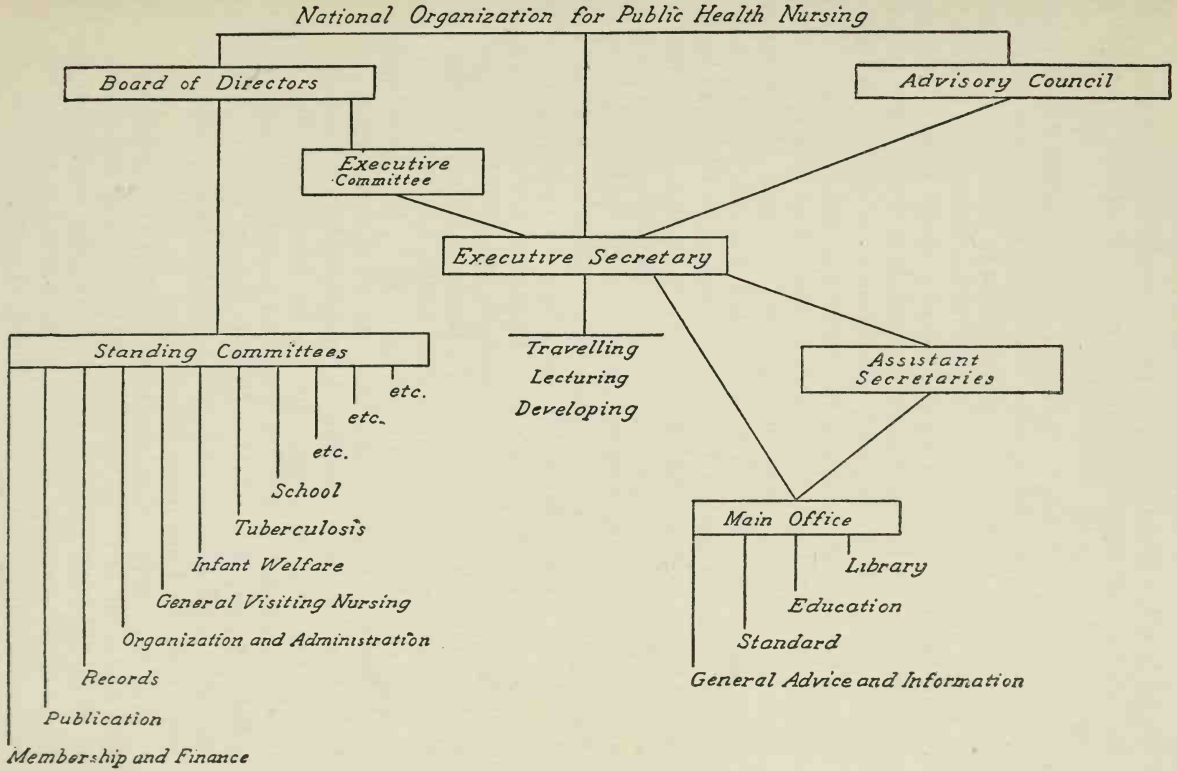
A Public Health Nurse, therefore, may be a district nurse, a school nurse, a tuberculosis nurse, a factory nurse, a visiting nurse, a baby welfare nurse, or in fact any kind of a social service nurse—and the field is enlarging every day. The term Public Health Nurse is, so to speak, the generic name; the term tuberculosis, district, factory, etc., indicates the special line which she follows. They are all Public Health Nurses, as distinct from Private Duty Nurses or Institutional Nurses. Their work concerns itself not only with the care of the individual patient, but with the welfare of the general public as well. It is *Nursing for the Public Health*, and as such is open to great expansion. And now to proceed to the various forms of organization back of this nation-wide work.

First of all there is the National Organization for Public Health Nursing, which in a certain way forms a background for all the work carried on in any part of the country. I say "in a certain way," for it is not like the organization of Queen's Nurses in England, nor the similar Victorian Order of Nurses in Canada. It does not train the nurses, nor does it employ them or supervise their work. There is no central authority. Membership in the National Organization for Public Health Nursing carries with it nothing beyond a recognition of standard, and the Organization itself is purely one for upholding these standards; giving help and advice to individuals or communities; assisting in the spread and establishment of Public Health Nursing; and for keeping up an historical record of the work and its growth. It coördinates the work all over the country, and is especially necessary because of the very character of Public

Health Nursing, which lends itself to all manner of prophylactic and medico-social measures and therefore needs a central organization to identify its unity.

Public Health Nursing is a profession of many specialties. The Public Health Nurse is often the agent for many different organizations—the quiet, but effective agent, whose activity is so identified with the specialty for which she works that there is sometimes danger that it will be submerged, as it were, in the specialty which it promotes. For instance, in infant welfare the work of the Public Health Nurse is only one factor in its efficiency; equal interest and stress must be laid upon feeding, upon the milk supply, the dispensary, etc., much of which is accomplished through the agency of the nurse, but the publicity of which is heralded as infant welfare work, not as Public Health Nursing. Again, with antituberculosis activities, the nurse is only the agent who carries the message of fresh air, food, rest and disinfection into the home; publicity for the work redounds usually to the credit of antituberculosis efforts, not to Public Health Nursing. Even in school work, the emphasis is usually placed on the medical direction in school, rather than on the school nurse, who is only one of the agents. In all these cases the Public Health Nurse is recognized as a valuable, even an essential factor in the work done, but naturally her work is only a part of the whole and publicity is given to the whole. For that reason, a national organization is most necessary, and membership in it should be a recognized principle with all Public Health Nurses, as well as lay people interested in Public Health Nursing.

The diagram on page 7 shows at a glance the form of its organization. Its membership is both lay and professional. There is a Board of Directors, consisting of fourteen active members (nurses) and four sustaining members (non-professional), together with the Officers of the Organization, and the Presidents of the American Nurses' Association and the National League of Nursing Education, ex officio. Five of the directors are selected to act as an Executive Committee.


National Organization for Public Health Nursing
Board of Directors
Advisory Council
Executive Committee
Executive Secretary
Standing Committees
Travelling
Lecturing
Developing
Assistant Secretaries
etc.
etc.
etc.
School
Tuberculosis
Infant Welfare
General Visiting Nursing
Organization and Administration
Records
Publication
Membership and Finance
Main Office
Library
Education
Standard
General Advice and Information

There is also an Advisory Council, consisting of from seven to fifteen members appointed by the Board of Directors upon nomination by the President.

The Executive Secretary of the Organization, with the assistance of the Associate Secretary, carries the general responsibility of the organization, and is expected to spend a large portion of her time traveling over the country, giving lectures or talks on the subject of the work; holding conferences or interviews with individuals and groups of individuals; and giving assistance whenever desired in helping to develop or to organize Public Health Nursing. The Assistant Secretary, with clerical staff, has charge of the records, correspondence and general business of the main office in New York. The Extension Secretary has charge of the branch office in Chicago. Connected with the main office is an Educational Secretary, who also spends much of her time in traveling and whose business it is to assist in establishing and standardizing courses in Public Health Nursing throughout the country. There is a Publicity Secretary, whose entire time is given to arousing interest by means of newspaper and magazine articles, lectures, leaflets, and other accepted means of publicity: and, finally, a Librarian, who has charge of a package library on the various phases and types of Public Health Nursing.

The committeemen are chosen from the membership, both lay and professional, from all over the country, each branch of the work having a representative committee to study the problems peculiar to its branch of the work. The committee on Publications has complete charge of the official organ, *The Public Health Nurse*, which is issued monthly, and also of such other publications or reprints as from time to time seem necessary.

It is self-evident that the work of such an organization as the National is most valuable in preserving the standards of Public Health Nursing; in correlating the work done in all parts of the country; in studying problems; in giving advice and assistance (not financial); and in furthering the work

by lectures, literature, interviews and other methods of publicity. It does not attempt to organize or direct local associations, although it is always glad to assist in the preliminary organization or reorganization; and it does not dictate the form to be followed, though it sets up its standards and urges their acceptance.

The local organization of any piece of Public Health Nursing, therefore, remains in the hands of the local community; and the form selected should be the one best suited to local conditions, which can only be ascertained by a thorough study of the community and its needs.

CHAPTER II

FUNDAMENTAL PRINCIPLES

The organization back of public health nursing may be public—that is, municipal, state or federal; or it may be private—that is, supported and controlled by private individuals. It may also be very simple in form, consisting only of a small group of people; or it may be very complicated and include various bureaus, divisions and committees. Also, it may be an independent organization concerned with public health nursing only, or it may be a division or committee of some other organization, as, for instance, the Division on Nursing of a Health Department, or the Committee on Nursing of a Woman's Club.

There are good organizations and bad organizations. Some are overorganized, with so many similar committees that one is never sure to whom to refer any special matter, and with so much red tape that it seems impossible to get anything accomplished. Some are disorderly and organized in so haphazard a manner that it is hard to tell who is in authority or who should be responsible for a given piece of work. Usually in such cases the most energetic person assumes responsibility, either doing the work himself or authorizing someone else to do it, and thereby often getting into much unnecessary trouble.

A truly good and efficient organization should be logically builded from the head or chief, down through as many departments or heads as needed. The work of each department should be clearly defined, and each head definitely responsible for his or her own particular work—for responsibility should never be divided.

There are no cut and dried rules for public health nursing organization, but there are certain general principles which

have been adopted and found essential to the best growth and success of the work.

In the first place, the nurse employed should be a graduate of an accredited hospital training school of good standing. It is not enough that she be a "trained nurse" or a "graduate nurse." That may merely mean that she has been trained in some special line of nursing, or graduated from some small private hospital where there were few patients, and where the experience and training was slight and limited.

The public health nurse has the great responsibility of ministering to the public, without that public having a voice in her selection—her patients must accept the care provided by the organization supplying the nurse. It is supremely important, therefore, that only the best nurse and the best care is supplied, for in the final analysis it is the organization that is responsible for the welfare of its patients. Many of these patients are extremely ignorant and would accept without question all that is recommended; we should be sure, therefore, that the skill and intelligence of the nurse will give or suggest only the proper care and will interpret the physician's orders correctly.

Besides being a graduate of an accredited school a public health nurse should have had either a postgraduate course in public health nursing, or at least have had a few months' experience in the field under a good superintendent. This may seem unnecessary to some, but it must be borne in mind that the usual hospital curriculum teaches the nurse nothing concerning the social side of her work, does not fit her to meet the family or community problems, which form a large part of her daily responsibility, nor to solve the many perplexing questions that constantly confront her. For this reason, some experience in public health nursing is absolutely necessary.[1] The only exception to the rule is when the nurse is

[1] "The combination of hospital training and post-graduate *theory* alone will never produce a well-trained public health nurse, for no nursing work must be taught by theory. Actual contact with the patient or the family is as essential a part of post-graduate as of under-

accepted on the staff as a probationer, and is to work under the guidance of a good and experienced supervisor.

In the second place, public health nursing, especially when it is directed by a municipal or state health department, should be *kept out of politics*. It should never be put forward as the pet hobby of a particular party, for in that case, when the opposite party comes into power the work is neglected and some other work advocated. It should not be placed under municipal control until it is recognized by the community as a public service, similar to any other public service, such as schools, fire protection, sanitary measures, etc., and whose good or bad administration reflects credit or discredit on the party in power, no matter what political faith that party may represent.

When, for instance, the public health nursing in a city is under the exclusive control of the Health Department, it requires great watchfulness to keep it free from baneful political influence. The slogan of the ordinary politician seems to be "to the victor belongs the spoils": and the custom of turning over to the party in power all public positions seems inherent in American politics. Even the Civil Service examination offers but little protection against the abuse of this custom. When the public health nurse, therefore, serves under a municipal department, her office becomes a political plum and is subject to political machinations; it may be used as a reward for services rendered in a political campaign and handed over to the daughter or favorite of some doughty henchman; or may be coveted by some half-trained woman who tries, through political influence, to obtain what she could not otherwise hope to have. When the claims of the applicant are indorsed by a high official it is difficult for the superintendent of nurses to refuse to accept her, indeed it is almost impossible, unless she has rules and regulations as to training and qualifications upon

graduate training, and the moment that theory and practical work are divorced we shall see a decline in the value of the nurse."—Mary S. Gardner in *Public Health Nursing*.

which to back her refusal. Even then it is difficult—her refusal might cost her her own position; but her acceptance might endanger the work for which she is responsible. The superintendent stands between Scylla and Charybdis. It takes a woman of exceptional character and moral strength to successfully fill the office of superintendent or director of municipal nurses and to withstand the pressure often brought to bear upon her to accept on her staff a nurse unqualified for the work. She should be assisted, therefore, by stringent rules as to the standard of training, character and experience of all nurses on the staff, and should not be asked to bear the responsibility unaided. A committee of lay people, uninfluenced by political considerations, to act in an advisory capacity toward the bureau of nursing of a city health department is a great safeguard against political mismanagement.

Another fundamental principle of great importance is that public health nursing should be absolutely non-sectarian. For that reason it is unwise to have its office in church buildings, or to have its nurses salaried only by, or only working for, a particular church or religious faith. That does not mean that churches should not contribute toward the support of public health nurses, but merely that they should not contribute in such a way as to identify the work exclusively with their particular religious body, to the prejudice of other religious bodies.

This general principle is, perhaps, open to some qualifications. For instance, a branch office or station may be opened in a church building without prejudice to the work, providing it is used principally for the convenience of the nurse in packing her bag, telephoning or making out her reports. But as soon as it is used as a place of consultation, or as a dispensary it becomes, in the public mind, a part of the work of that particular religious body and immediately hampers the general usefulness of the nurse.

A fourth principle, the force and wisdom of which is increasingly recognized each year, is that public health nurs-

ing should not be identified with charity. If the public health nurse is connected in any way with a charitable institution or organization her ministrations are limited to those whose earnings are below the living wage; and the independent, but small wage earner is deprived of a care which he will not accept as charity, yet cannot afford to pay for at private duty rates. When public health nursing is considered as charity it means that only the very poor or the really rich are able to avail themselves of trained nursing care in time of illness; the great mass of people, too poor to pay for the luxury of a private duty nurse, but too proud to accept charity, must do without the care which should be available to all. It is therefore found desirable not only to keep public health nursing quite distinct from any organization savoring of charity, but even to charge a fee for the service whenever possible. The amount charged is generally on a sliding scale, based on the estimated cost of a visit. From ten to twenty-five cents can usually be collected even from the really poor, and it is wise to collect this small sum even when, to the untrained worker, it must seem a hardship, for it gives the patient a feeling of independence that is most desirable and does away with that old menace, pauperization. From fifty to sixty cents is looked upon as a fair charge when the visits are contracted for. For instance, the Metropolitan Life Insurance Company has contracted with many visiting nurse associations in different parts of the country to nurse its industrial policy holders, and the majority of these contracts call for from fifty to sixty cents a visit. Local contracts are sometimes made between a visiting nurse association and a factory or a business concern and the same price has, in most cases, been found to cover the actual cost of a visit, not including supplies. Seventy-five cents or a dollar may be charged when the service rendered is placed on a purely business basis and the patient wishes to feel that he is not only fully paying for what he receives, but is perhaps giving a little extra to help support the work.

In estimating the cost of a nursing visit upon which to

base the charge, many things must be taken into account. The idea in general is to add the total yearly overhead expenses with salaries and divide the sum by the total number of visits made. That seems a simple process, but as a matter of fact the results gained would mean little or nothing unless it were known exactly what constituted "overhead expenses," and exactly how to estimate the "number of visits made."

The question of the estimated cost of a nursing visit is now before the National Organization for solution. The Committee on Organization and Administration is working on it, and it is hoped that at the next Convention (in 1920), if not before, a reasonably sound working plan will be presented. It would be well, therefore, for an association endeavoring to work out the cost of a visit to communicate with the National Organization and secure all the data and suggestions it may have to offer, in order to assist in coming to a reasonable and uniform conclusion; for unless the basis of calculation is uniform throughout the country it will be impossible to compare charges or know just what the cost should be. At present we can give only a few suggestions and tell what is being done in a few cities.

In the first place, in estimating the cost of a visit the organization must be very sure as to the state of its finances and that its financial records are kept in a proper and business-like way; for unless you are sure of your figures your estimate will mean nothing. Also, one must be careful that only legitimate items are included in the list of overhead expenses; such items as salaries, rent, telephone, office expenses, care fare, etc., are, of course, included. If the organization owns its property, or if the offices, etc., are donated free of cost, a certain sum should be added in lieu of the rent that would otherwise be paid.

As to determining the number of visits made, two methods have been submitted, neither of which have yet been accepted as entirely satisfactory: the first is to add every dispensary treatment to the number of home visits, thus making a

dispensary treatment equal to a visit; the second is to add a certain percentage of the number of dispensary treatments to the number of home visits, which seems more reasonable, as a dispensary treatment takes less of the nurse's time than a visit to the home, with consequent loss of time in transit from one home to another. If the latter method is adopted the question at once arises, what percentage of dispensary visits is proper? In Cleveland they estimate four dispensary visits as equal to one home visit, that is, they reckon that a nurse can give four dispensary treatments during the same time that it would take her to make one home visit.

The time of a factory nurse must also be gone into very carefully in order to give a just estimate of cost. It can be reckoned on the basis of dispensary treatments, or on the basis of the average number of nurse's calls per hour for the number of hours she is on duty.

To arrive at any kind of a just estimate of the actual cost of a visit requires much careful thought and a comparison of methods used. A good many visiting nurse associations in various cities, such as Boston, Philadelphia, Cleveland, Detroit, Indianapolis, etc., have gone very carefully into this question, and until a uniform method is decided upon the best way is to gather what information one can and, after consultation with the National Organization, set as just a price as is possible.

The sliding scale of charges, which is now in operation in many parts of the country, has taken the work of the public health nurse out of the sphere of charity and placed it more in the class of hospital work. In the hospital there are the open or free wards for the very poor, there are the part pay wards for those of slender means, and there are the private wards for the wealthy. No one hesitates to avail himself of the opportunities for care offered by a hospital simply because it is an endowed institution and ministers to the poor. To be sure, the little street urchin, knocked down in his play, is carried in and tenderly cared for free of charge until he is well again; but in the next ward the millionaire

is recovering from an operation for appendicitis and is paying large fees for his care. The same doctors visit both patients and the same nurses care for them. Something of the same kind should be the attitude and the policy toward public health nursing, in order to make it available for all classes of people, and a determined effort should be made to place the work on a pay basis.

If these four fundamental principles [1] of public health-nursing are kept constantly in mind, and a strong and responsible organization stands back of the nurse, the work cannot go very far astray.

[1] Miss Gardner, in her book *Public Health Nursing*, names eight fundamental principles, namely: 1. That only well-trained nurses should be employed. 2. That the nurses should not be distributors of material relief. 3. That there should be no interference with the religious views of the patients. 4. That the rules of professional etiquette should be rigidly adhered to. 5. That coöperation in all its forms should be recognized as of primary importance. 6. That suitable and accurate records should be kept. 7. That patients unable to pay for nursing care should receive free service, and that those able to pay for it should do so according to their means. 8. That the daily working hours of the nurses should be limited in order that good work may be done and they themselves be kept physically well.

CHAPTER III

FORMS OF ORGANIZATION

In a previous chapter we have spoken briefly of the various forms of organization which may be used in Public Health Nursing in a community. We will now try to outline more in detail a few of the principal forms which have been tried and found satisfactory.

The Committee.—The simplest form of organization suitable for carying on Public Health Nursing is the Committee. This, is often found the best in starting new work because of its simplicity. It may be an independent committee, formed for the sole purpose of carrying on Public Health Nursing, in which case it will probably later on, as the work grows, resolve itself into a small visiting nurse association; or it may be a committee of some other organization, such as a Woman's Club, a Civic Club, a hospital, a Board of Health or a settlement house. An unattached committee on Public Health Nursing carries on the work in the simplest manner possible; the chairman is the head, the various members are chosen to have special charge of such details as supplies, money, publicity, etc., and the nurse works under its direction. When the committee is a part of some other activity the parent organization usually has charge of the finances and may indicate more or less the scope of the work to be done; but the committee should have full freedom in carrying on the details of the work, for Public Health Nursing is a technical service which requires special knowledge and which should be in the hands of those specially selected and qualified for its management.

A Small Visiting Nurse Association.—The organization of a small Visiting Nurse Association is only slightly more

complicated than that of a committee. It is more enduring, cannot be so easily dissolved, and is usually larger and fuller in personnel, giving more opportunity for growth and extension. A Visiting Nurse Association, however small, would have a President, a Treasurer, a Secretary and at least three committees: one on Finance, one on Nurses, and one on Supplies; and would be adminsitered under a constitution and by-laws.[1]

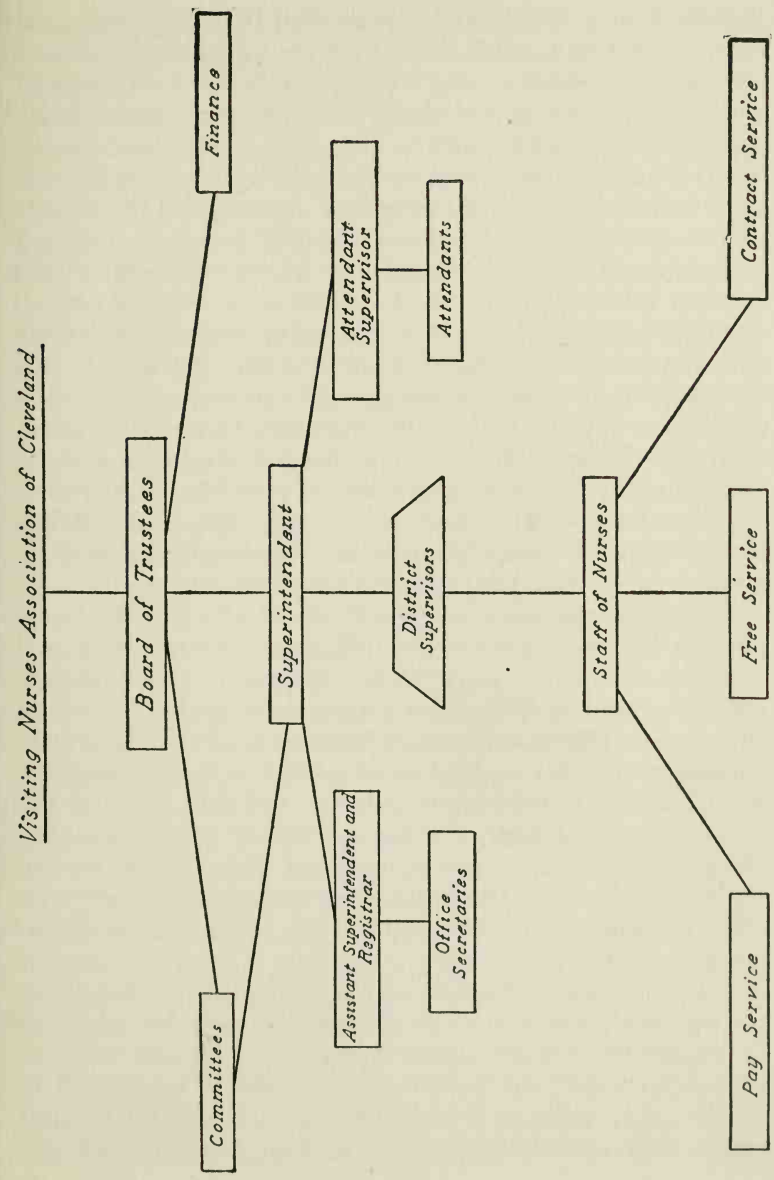
A Large Visiting Nurse Association.—A large Visiting Nurse Association is of course only a still further growth of this same form of organization. It may, however, become a very complicated piece of mechanism, with various departments such as Pay Service, Free Service, Education, etc., and with subdivisions for the special phases of Public Health Nursing, such as tuberculosis, industrial, child welfare, etc. It may embody in itself all the Public Health Nursing done in a large city, comprising every branch of the service, with a main office and several district offices or stations, necessitating not only a large staff of nurses to carry on the work, but also a superintendent, a number of supervisors and an efficient corps of office secretaries and stenographers. A study of some of the large visiting nurse associations whose organizations have proved good and effective is perhaps the best method for familiarizing oneself with the possibilities of such an association.

In examining and comparing the charts of various successful visiting nurse associations one notices at once the logical order of responsibility: (a) The President, with the Board of Trustees, who is responsibile to the public for the finances and the general standard and character of the work of the organization, as carried out through its committees and its superintendent; (b) the Superintendent, who is responsible for the work done by the supervisors and through them for the work of the whole staff; also for the office

[1] A Committee on Publicity is often found very valuable in keeping the work and aims of the association before the public through newspaper articles, lectures, illustrated talks, etc.

secretary or registrar and through her for the general work of the office and clerical staff; (c) the Supervising Nurses, who are responsible for the work of the nurses in their various districts; (d) and, finally, the individual nurses, who are responsible for the care of the cases which they handle. Thus there is a logical and orderly sequence of responsibility. A growth in the number of staff nurses, district supervisors, office secretaries, or committees necessitates no change in the organization; a new department added merely means that the superintendent and through her the board, is responsible for a new piece of work—for instance, an educational department may be added; it may be considered a special department responsible only to the board, or the director in charge may be responsible to the superintendent, even though the superintendent has nothing to do with the detail work of that department. Likewise, an Attendant Service may be added; here the supervisor of the service is responsible for the work done by the attendant, the superintendent responsible for the supervisor and through her for the attendants, and the President and the Board, for the attendants through the supervisor and the superintendent. There is a carefully graded ladder of responsibility. There should therefore be intimate coöperation between board and superintendent, superintendent and supervisors, and supervisors and nurses; the duties of each should be clearly indicated and each should bear the responsibility of her own bit of work, though at the same time there should be such close coöperation that each should be ready and able to help and advise the other in solving the many problems and in bearing the sometimes very heavy responsibilities encountered.

As for committees, there must be a careful balance between too many and too few. Each distinct branch of the work should have a committee of lay people with whom the nurse can confer and whose duty it should be to study the problems peculiar to it. On the other hand, it is not good organization to have two committees on similar matters.


Visiting Nurses Association of Cleveland
Board of Trustees
Finance
Committees
Superintendent
Assistant Superintendent and Registrar
Office Secretaries
Attendant Supervisor
Attendants
District Supervisors
Staff of Nurses
Contract Service
Free Service
Pay Service

For instance, it is not good organization to have a committee on nursing and another committee on tuberculosis nursing, or maternity nursing, etc. Where it is felt that the special work needs more careful study or supervision than a large, general committee on nursing can give, it is better to name a sub-committee on the specialty rather than another separate committee. A subcommittee studies out the details of the special work, sometimes having power to act, and reports to the general committee, which is therefore able to keep informed as to all the work of its various nurses; and is better able to make general rulings, recommendations and decisions which affect the whole staff. If there are two committees on nursing—one general and one special—it is sometimes difficult for a superintendent to know to which committee to refer a particular question; decisions may be arrived at by one committee which would be antagonistic to the rulings of the other; and, finally, the responsibility of the nursing work done by the organization would be divided—always a bad and dangerous procedure.

Medical Dispensary.—When Public Health Nursing forms part of the work of a social-medical organization, such as a tuberculosis, a maternity or a baby dispensary with a medical officer in charge, the organization is somewhat different. The medical officer, even where there is a lay board, is directly responsible for the medical work done, but the superintendent of nurses is still responsible for the field work of the nurses, and although she should report to the Medical Director, she should also be granted direct access to the Board in order to interpret her work to them in her own way. The Board is responsible for the type of man employed as medical director, as well as for the type of women employed as nurses. And perhaps this is a good place to emphasize the fact that, no matter how orderly and workable a scheme of organization may appear upon paper, it can only be properly worked out where efficient officers are placed in charge. For instance, a highly trained and efficient medical officer may actually hamper the work of a tuberculosis dis-

pensary unless he possess, in addition to his medical ability, a clear appreciation of the social side of the work and a readiness to coöperate with the nurse in her purely social or home nursing problems. Again, if the head or President of a medical-social organiztion is a layman, with little or no knowledge of medical science or nursing technique, he may hamper, if not actually harm, the work undertaken, even though the physicians and nurses employed are of the best, by this lack of understanding and a corresponding holding up of necessary measures.

Public Health Nursing under Boards of Health.—When any or all of the Public Health Nursing in a city is under the direction of the Board of Health of that city it should be under the special supervision of a Chief Nurse, or Director of Nurses, who is responsible to the Commissioner of Health for the field work of her nurses. This form of organization is much better than when the nursing service is split up under medical men who are chiefs of divisions, such as Tuberculosis, Infant Welfare, etc. In the former plan, the nursing is a unified service, under the supervision of a nurse superintendent, who is responsible for the quality and character of the service rendered; in the latter, there are different groups of nurses, under the direction of different medical men, who may have wholly divergent opinions in regard to the type of nurse necessary to employ, and the kind of service to be rendered; these groups of nurses, too, may or may not work harmoniously together, and in any case there must be a waste in time and money and a lack of coördination in the nursing service rendered to the community.[1]

The benefits accruing to Public Health Nursing when

[1] It is interesting to note that a sub-committee of the Ministry of Reconstruction in England, known as the Machinery of Government Committee, and appointed "to advise in what manner the exercise and distribution by the Government of its functions should be improved," laid down as a primary principle of organization that the functions of the various Departments of Government should be distributed according to the services to be performed, and not according to the persons or classes to be dealt with; because "It is impossible that the specialised

under the direction of boards of health are many, and it must be borne in mind that this form of government is growing more and more popular as the public feature of the work is becoming more widely recognized, and the close connection which Public Health Nursing has with municipal health problems, such as tuberculosis, contagious diseases, infant welfare, etc., are more generally understood. In the problem of tuberculosis, for instance, the benefit to the work in having back of it the power of the law and the city government in enforcing registration, supervision, disinfection, home or sanitarium care, as the case may require, is inestimable. In child welfare work, too, the coöperation of the city makes it possible to enforce measures for the care of the child which would be impossible for a private organization: and the close coöperation of all the various divisions of the health department which have to do with the control of disease, sanitation, housing, hygiene, or general health condition of the city correlate the work in a way to make possible the most far-reaching effects.[1] Moreover, a larger piece of work is possible under municipal control than under private administration.

On the other hand, there are certain dangers in municipal control which it is well to face frankly. A change of administration may imperil the whole undertaking; or a new commissioner who disbelieves in the value of public health nursing as a municipal undertaking may destroy all that his predecessor has builded up.

service which each Department has to render to the community can be of as high a standard when its work is at the same time limited to a particular class of persons and extended to every variety of provision for them, as when the Department concentrates itself on the provision of one particular service only, by whomsoever required, and looks beyond the interests of comparatively small classes."

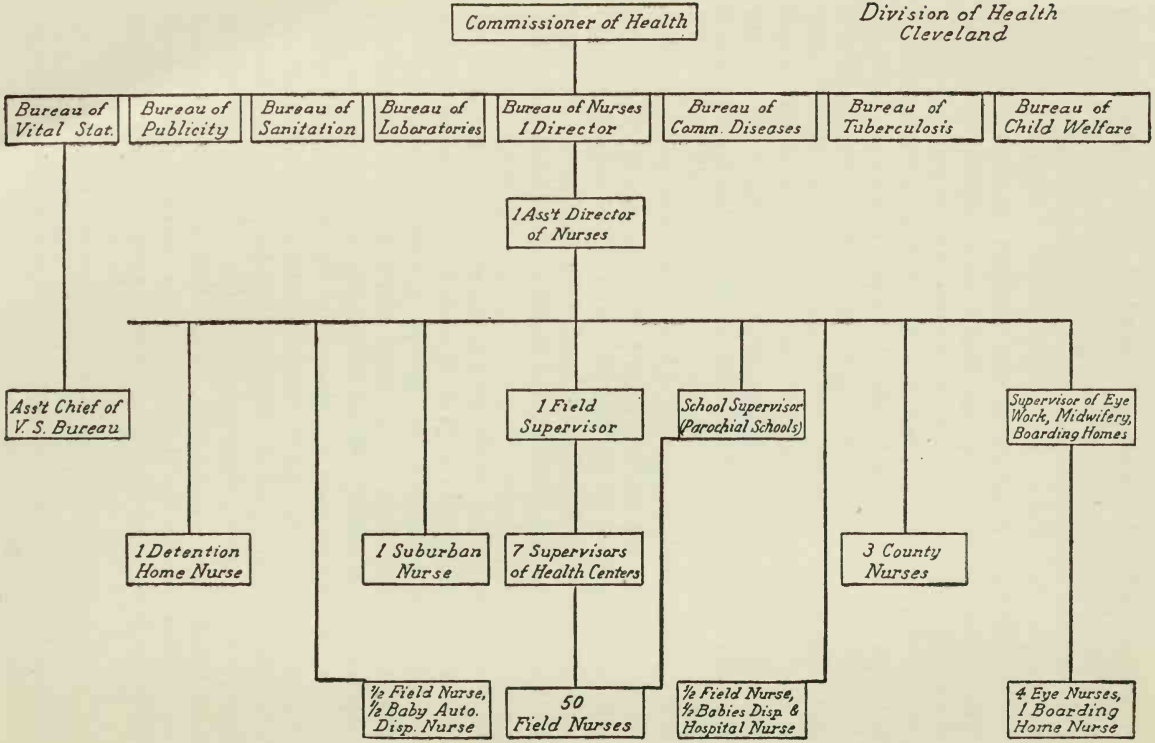
[1] "If free Public Health Nursing is a logical sequence to free public school education, and there seems no very good reason why it should not be, private enterprise must hold itself in readiness to step aside, permitting state and municipality to undertake and accomplish a task wholly beyond its own financial powers."—*Public Health Nursing*, Mary S. Gardner.

A representative advisory committee of lay people, who have had experience in public health nursing and who are uninfluenced by politics, is the best safeguard against these dangers.[1]

The adjoined diagram of the Bureau of Public Health Nursing as carried on under the Commissioner of Health of the Health Department of Cleveland is typical of many others. In this particular case, the "Health Centers" represent tuberculosis and infant welfare work merely, with general nursing added in one district. The organization is such, however, that general nursing or any specialty could at any time be added to the work of the "Health Center" without changing the organization, providing the districts were not too large and that proper supervision was arranged for.

It is now increasingly conceded, in theory at least, that the ideal plan for Public Health Nursing in a city is the general nurse in a small district, under one central control with specific supervision of specialties. This means that one nurse is in charge of all the cases in a limited district—the size of the district depending upon population—that she is personally known to all the people in her district, and that she in turn knows her families—a situation which makes thorough supervision of health conditions practicable. It also means that while she is under general supervision of the director or general supervisor of nursing, she has also special supervisors, analagous to specialists in the medical field, upon whom she can call in cases of tuberculosis, infant welfare, etc., where special advice is needed, and who at all times keep a general supervision and record of the specialized work being done in the city. This arrangement of special supervisors lessens the danger of a too general treatment of cases, and the perhaps greater danger of neglect of pro-

[1] "The greatest safeguard against deterioration of publicly administered work will be the continued interest of the same men and women who were originally responsible for it before city control was assumed." —*Public Health Nursing*, Mary S. Gardner.


Commissioner of Health
Division of Health
Cleveland
Bureau of Vital Stat.
Bureau of Publicity
Bureau of Sanitation
Bureau of Laboratories
Bureau of Nurses 1 Director
Bureau of Comm. Diseases
Bureau of Tuberculosis
Bureau of Child Welfare
1 Ass't Director of Nurses
Ass't Chief of V. S. Bureau
1 Detention Home Nurse
1 Suburban Nurse
1 Field Supervisor
7 Supervisors of Health Centers
School Supervisor (Parochial Schools)
3 County Nurses
Supervisor of Eye Work, Midwifery, Boarding Homes
½ Field Nurse, ½ Baby Auto. Disp. Nurse
50 Field Nurses
½ Field Nurse, ½ Babies Disp. & Hospital Nurse
4 Eye Nurses, 1 Boarding Home Nurse

phylactic and instructive care because of the greater urgency of bedside care.

If a municipality undertakes to supply general nursing to its citizens, as well as to care for its tuberculosis patients, its infants, its maternity cases, and nursing supervision of contagious cases, it must perforce offer this care to all its people. This sometimes proves more burdensome than the city government had anticipated, and more nurses are required than the yearly budget will carry. A city cannot act overnight; time is necessary to formulate a plan, to bring the matter before the Council, and to secure authorization of increased expenditure. Even after the authorization is secured, more time is usually required before it can be put into execution. In the meanwhile the most urgent cases must be cared for first—which usually means bed cases, leaving the instructive and prophylactic work uncared for; or, if an endeavor is made to carry all, it may mean a lower standard and a less careful piece of work. Moreover, in the effort to secure a large enough staff it may be necessary to lower the salaries, thereby making it impossible to secure properly qualified nurses.

This, of course, is looking on the pessimistic side of municipal nursing. On the optimistic side we see, as before said, a centralized and uniform control, a more economic use of available material, an increased efficiency in the efforts expended, and a very much larger piece of work.[1]

The need of keeping Public Health Nursing out of politics must, of course, be kept constantly in mind; the greatest care must be exercised in selecting the proper man for Health Commissioner and the proper nurse for Director of Nursing; and the standard of nursing must never be lowered.

The representative advisory committee of lay people already mentioned is often a great help in these matters. In Cleveland there is a Central Committee on Public Health Nursing composed of two representatives—one lay, one

[1] Toronto is an excellent example of a fine and large piece of municipal nursing exclusive of bedside care.

professional—from each agency employing Public Health Nurses in the city; this includes the Health Commissioner of the city, the Director of City Nurses and the Superintendent of School Nurses, as well as trustees and superintendents of the various private organizations. All the Public Health Nurses in the city are supposed to be engaged through this committee, after having been passed upon by a Subcommittee on Eligibility, which insures a uniform standard for all work done. The Committee also discusses and makes recommendations in regard to salaries, uniforms, and all questions concerning the work as a whole. These recommendations are referred to the various organizations—the Bureau of Nursing included—and when favorably acted upon by all become an accepted ruling.

A very interesting experiment was made in regard to uniforms. There was some discontent on the part of the nurses in regard to the wearing of a blue wash uniform, with long coat on the streets. They complained that it made them conspicuous; that on the cars people avoided them for fear they might carry contagion; that patients resented their coming, because they were marked as nurses; that it made it impossible to remain downtown and go to the shows in the evening—in fact, their complaints were of all kinds. The Committee discussed the question and decided that no one but the nurses themselves could properly settle the question. Therefore a motion was passed, and recommended to the various agencies, that a trial of six months be made by two nurses from each of the various staffs; these nurses to wear a tailor-made uniform suit of dark blue, with white tailored shirt waist and sailor hat; a surgical apron to be carried in the bag for use in the homes. As a result of this trial an experimental change was made in the uniforms of the city nurses and the staff of the Visiting Nurse Association. The school nurses, after careful discussion of the arguments for and against a change, decided against the suit, the reasons for their decision being tabulated as follows:

Arguments for Uniforms

1. Nurse known by her uniform.
2. It is consistent with her health teaching.
3. It gives her official standing and affords protection.
4. It reposes confidence in the nurse.
5. It saves time, in that nurse does not have to explain who she is.
6. Present costume is neat and has proven success. (Why experiment?)
7. Present plan cheaper.

Arguments against Uniforms

1. It makes nurse conspicuous.

Arguments for Suits

1. Nurse appears as any other woman.
2. Does away with objection of parents to having neighbors see nurse call.

Arguments against Suits

1. It is not consistent with our health teaching.
2. The Visiting Nurse Association in New York found it unsuccessful.
3. Time is lost in explaining presence.
4. It offers difficulties in administration.
5. It is more expensive.

After some months' trial, the staff of the Visiting Nurse Association, at its own request, returned to the old uniform, which was found to be better suited for district nurses whose work consisted largely in giving bedside care. In the case of staff nurses engaged in factory work it was especially felt that the old uniform was preferable, since it marked out the nurse at once to the employés as the nurse. Supervisors who wished to do so, however, were to be permitted to wear the suit.

The staff of the Health Department remained in favor of the uniform suit, as they found the inconspicuous dress made it possible to pay visits of instruction and investigation without exciting suspicion, and they did not feel the need of the district nurses for a wash dress in the work which they did, which was mostly advisory and educational.

These reports were felt to be so fundamentally correct that the Central Committee reconsidered the recommendation of a change of uniform, and recommended instead that each group of nurses should wear uniform costume, the

Superintendent of each group to decide which costume should be adopted by her staff.

In Cincinnati they have a similar plan to that of the Central Committee of Cleveland, in the Nursing Council of the Social Unit, which is, however, directly responsible for the nursing work in its own district, acting as a forum for the discussion of nursing standards, including such questions as uniforms, salaries, records, etc. If the plan works out successfully this Nursing Council will eventually include the entire city.

We feel that we cannot too strongly recommend the adoption of some kind of a committee of lay people whenever the Public Health Nursing of a community is under the management of a city department. Lay people are not under such pressure as politicians to put forward their special candidates for positions; they have more leisure for a study of the particular needs, standards and principles involved in this technical service; and often they have had years of experience in private organizations, which experience should not be wasted but should be made available for the use of the municipality.

CHAPTER IV

FORMS OF ORGANIZATION (CONTINUED)

The Social Unit Plan or Health Center.—The Social Unit Plan of organization is really not one primarily for Public Health Nursing, though it includes a nursing council among its other activities.

Model Community Centers for medical work, both curative and preventive, are expected to furnish supervision in a prophylactic way, over the health of all people who are not able to secure such preventive oversight on an individual basis. These Health Centers aim to be supported eventually by public taxes and to be conducted as a part of the city government.

A definite experiment of this plan is at present (1919) being made in Cincinnati. A certain district, consisting of 31 contiguous blocks containing about 15,000 people, has been selected. Each block has a Block Council, the representative of each block being a lay woman elected by the citizens of the Block, who thus serves as a representative of the five or six hundred people in her block.

The general medical plan of the unit is to have the leading medical society of the city elect a committee of specialists and highly trained men to act as an advisory committee to the local committees of doctors and to direct the standard and policy of the medical work. The local medical committee is made up of the doctors who live or practice in the district and who serve as a special committee to conduct whatever medical work may be undertaken in that district. These physicians are expected to serve at the Health Center in groups of five or six, for a three or four month period, when called upon. Clinics on infant welfare, prenatal work, school children, etc., etc., are to be established, with a post-

natal and pre-school service for children between 2 and 5 years of age.

In all this work the Public Health Nurses form a very important part, following up the work done at the health station, and carrying prophylactic knowledge into practically every home in the neighborhood.

A Nursing Council, composed of an executive and the Public Health Nurses working in the district—visiting nurse, school nurse, tuberculosis nurse, children's nurse, etc.—and three lay members, who act in an advisory manner, is responsible for the nursing service in the district. It is the duty of the executive of this Council to draw up plans and submit them to the Council for consideration; when a definite policy is decided upon she becomes responsible for carrying out the plan in all its details. The questions to be considered by the Council are multiple, and include such as uniforms, type and contents of bag, records, standing orders for nurses, nursing procedure in the homes, and general versus special nursing. In Cincinnati this last has been unanimously decided in favor of general nursing, in the belief that in doing intensive work in a small area endless duplication will arise if the individual patient, instead of the family group, is taken as the unit. It is being increasingly demonstrated, as I have said before, that the general Public Health Nurse, working in a limited district, is the ideal form of Public Health Nursing service. In order to attain the ideal, however, each nurse must be thoroughly conversant with the various specialized forms and able to do good work in all fields; and, moreover, she must be ever on guard not to slight the one for the other—not to let bedside nursing crowd out prevention or instruction. When the work grows so that there is danger of neglecting either type the district must be divided, and a second nurse installed, otherwise the standard of the work will deteriorate.

The "Social Unit" plan is a very new and somewhat complicated form of organization, and is as yet in its experimental stage. It is, however, very comprehensive and per-

mits of almost indefinite enlargement. It is, moreover, an undertaking which requires a very strong backing of public-spirited and responsible people, both lay and professional; and before entering upon so elaborate a plan a very careful survey of the city, its needs and its medical nursing and social resources should be made. Moreover, so elaborate a plan can only reach its ultimate perfection when carried on by the municipality and under the direction of a wise and efficient health department.

Rural Organization.—The best form of organization for rural communities or small villages is a mooted question. Several plans are feasible and are being tried out. Of course, the Committee or small visiting nurse association is possible; but unless there is sufficient money to support the best trained nurse, or unless there is some kind of state or county supervision it is difficult to carry on the work advantageously.

In rural communities, or in small villages, the Red Cross Bureau of Public Health Nursing is sometimes of great assistance in establishing Public Health Nursing. In "localities where there are no existing agencies for carrying on Public Health Nursing, and where none is immediately projected by any other State or national organization," and especially in rural communities or villages which are unable or not ready to bear the entire burden of financing such activities, the Red Cross, through its extensive chapter organization, will undertake to establish and finance Public Health Nursing. The funds for financing such a "Chapter Public Health Nursing Service" are sought from the following sources:

By appropriation from the general chapter funds.
By private contribution.
By contribution from local Board of Education and Board of Health.
By fees collected for professional services of the Public Health Nurse.
By county or other governmental contribution.
By local campaigns to raise money.

The Red Cross will recommend a properly qualified nurse and will supervise her work under the Red Cross Bureau of Public Health Nursing in Washington, through its Divisional Directors and a Chapter Committee on Nursing Activities.

This relieves a weak community, in the first difficult moments incident to the inauguration of a new enterprise, of much of the financial burden and of the responsibility of procuring a qualified nurse and starting her work along authorized lines. On the other hand, this very exemption from responsibility removes from the community much of the vital interest and effort which goes hand in hand with self-assumed responsibility, and which contributes so greatly to the growth and development of any community activity. Moreover, local government is more thoroughly democratic and more in accord with the accepted principles of self-determination, as recognized in the United States, than a bureaucratic government wielded from a distance, and which must necessarily be bound by certain autocratic policies and red tape, no matter how democratic the individuals wielding the power may be. For this reason, when a community feels it wise to initiate its Public Health Nursing through the assistance of the Red Cross Chapter, it is usually best to sever its connection as soon as the work is thoroughly established and either to direct its work through a local association, or place it under the supervision of state or county authorities. It is evident that the Red Cross itself advocates this procedure, for in its directions issued to its various chapters it says:

"The Red Cross would prefer to have communities organize and finance their own Public Health Nursing service, when possible, under the supervision of State authorities." [1]

And again,

"The American Red Cross seeks only to develop the public interest in Public Health Nursing activities. It does not seek to

[1] Taken from instructions issued to chapters.

retain permanent supervision of these activities and will welcome State or municipal assumption of supervision and control of all Public Health Nursing services." [1]

Nevertheless, the assistance of the Red Cross is in many instances most valuable and it is well for a community, after assuring itself that there are no state or local agencies which can aid it in the establishment and supervision of a Public Health Nursing service, to apply to the local Red Cross Chapter for such assistance as it is ready and able to give.

Again, the work can often be established under the wing of a State Department of Health, providing the Department has a Public Health Nursing Bureau, as in Ohio, New York, North Carolina, Virginia and some other States; or it is sometimes possible to affiliate with an established organization in some near-by city. In connection with this suggestion we may mention the Greater Boston Committee of the District Nursing Association of Boston. This Committee was formed to make possible some such assistance as this to each of the Boston districts, and is especially valuable in those neighborhoods farthest removed from the central administrative house. All the districts are administered alike, with the exception of those which have their own auxiliary committee of local residents, who meet the nurses of their respective districts, oversee supply closets and meet, either entirely or in part, the expenses of their districts. The chairmen of these local committees, together with two members of the Boston Association, form the Greater Boston Committee.

In this way the outlying districts have the benefit of the supervision and assistance of a large, finely-equipped and organized association, while they possess a clearly-defined independent local organization which, being responsible for the equipment and expense of their own district, are interested and realize that the continuance of the work

[1] Taken from instructions issued to chapters.

depends upon themselves and not upon the Boston Association.

Again, there are State Councils of the National Organization for Public Health Nursing in nearly every State in the Union, consisting of a lay member and a professional (nurse) member, one of whose duties it is to assist communities in establishing Public Health Nursing. When the State representatives are not strong enough to be of assistance, the Field Secretaries of the National Organization can always be called upon.

Very often Public Health Nursing in rural districts can be carried on under the School Board. The rural school nurse soon, however, becomes a general Public Health Nurse, for, although the school is a good starting point, in order to have her work effective she must follow up the school children to their homes; there the need of improved sanitary measures, the danger of contagion, the need of nursing other members of the family not of school age, become so apparent and so pressing that a good nurse cannot pass them by. Infant welfare work and the care of children under school age very readily ties itself up with the actual school work, and when once these specialties are joined to the original work of the school nurse she soon, without opposition, can broaden her work still further. When so doing, it is wise to obtain other sources of income for the nurse's salary besides that contributed by the School Board, and as soon as possible engage a second or third nurse, as the need demands and the means make it possible; at the same time changing the title to "Public Health Nurses" instead of "School Nurses," and arranging for each nurse to do the work in certain district schools as well as the homes they represent.[1]

[1] Miss Lathrop, of the Federal Children's Bureau, uses the term *Public Health Nurse* for infant welfare work rather than *infant welfare nurse*. This same plan is applicable to school nurses or any other specialty and is desirable, as it allows for expansion without change of name or alteration in form of appropriation. It also conveys the larger idea from the beginning without giving offense to those devoted to the specialty.

The difficulty in carrying on Public Health Nursing in rural communities is twofold: first, the area to be covered is so extended that the cost per visit is greater than in urban districts and the work must be arranged on a somewhat different basis from town work; and second, rural and village communities are usually not wealthy; village officials are often on half time, or are unpaid officials; hospital and dispensary facilities are usually lacking, and adequate salaries for properly qualified nurses are hard to secure.

To overcome or minimize these difficulties a pooling of interests, as it were, has been found in several instances a satisfactory solution. The Visiting Nurse Association of Somerset Hills, N. J., and the Dutchess County Health Association of New York State are typical examples. The Visiting Nurse Association of Somerset Hills consists of a central Board of Trustees elected annually from among its members, membership consisting of all those who contribute $1.00 or more a year to its support. An Executive Committee manages the affairs of the Association, this Executive Committee consisting of the Board of Trustees and the chairmen of the subcommittees. The whole gist of the organization lies in these subcommittees, which are elected to carry on the local work of the Association; any community (within a certain range of distance tactily understood) has the privilege of organizing a local subcommittee and of belonging to the Visiting Nurse association of Somerset Hills. These subcommittees have entire charge of local affairs, provide supplies, receive donations and subscriptions and make an annual report to the Association. This Association has at present four subcommittees, with the prospect of one or two more in the immediate future. These committees cover quite a wide area of country side, with committee headquarters in Bernardsville, Basking Ridge, Raritan River and Mendham. The Association owns a Nurses' Home in Bernardsville, and also one in Peapack, both of which are equipped with operating rooms and conveniences for emergency cases. The Bernardsville Home is in charge of the

Supervising Nurse of the Asssociation. The staff of nurses consists at present (1918) of four registered nurses and one trained assistant. The financial responsibilities rest upon the Executive Committee, funds being secured through subscription and voluntary donations, and also through the Boards of Education and Health of the different localities.

This organization, as can be readily seen, makes it possible for a weak community, by allying itself with a central board, to carry on a fine piece of supervised Public Health Nursing work, each community contributing its proportion of support, and each having its own local directing committee.

Another coöperative piece of work is being done in Dutchess County, N. Y. This organization is called the Dutchess County Health Association; it has headquarters in Poughkeepsie and is under the direction of an executive committee, with President, Vice-President, Treasurer and Secretary. The nursing work of the organization is under the supervision of a Director,[1] and its headquarters are also in Poughkeepsie. The county consists of twenty townships, ten of which have Public Health Nurses; these nurses are directly responsible to the Public Health Committee of the town they serve. The Public Health Committee of the town sends one representative to a monthly meeting of the Dutchess County Health Association in Poughkeepsie; these representatives constitute the Nurses' Advisory Committee. Besides these township nurses, the Association supports two special nurses, one for child welfare and one for tuberculosis work. The Association is supported entirely by voluntary contributions. The object of the Association is "to coordinate and develop existing facilities for the care of the sick and the prevention of disease, and to develop such additional facilities as study and experience may indicate as needed."

Still another form of organization for rural communities

[1] It would seem to be more ideal to have the nursing work under the supervision of a Superintendent Nurse.

that is being tried out in various parts of the country is that of several small towns or communities combining, with one strong, joint health department and a full time Health Commissioner to look after general health conditions and welfare of the entire community, furnishing Public Health Nurses and supervising the work done. This is possible only where there is the closest coöperation between the villages represented, and when local jealousies are entirely set aside for the general public good.

A very novel and interesting experiment in rural public health work is being carried on in Southwestern Iowa, with Creston, where the hospital and social center is located, as the center from which at least 100,000 people can conveniently be reached.

The main idea is, that as the small towns in this region are unable each to maintain a modern hospital service, that they combine and by coöperative effort create and maintain such a central service of the first quality, adequate in capacity to provide for all. This service includes, besides the regular hospital service, such activities as health supervision of school children, community health surveys and health education; moreover, the hospital itself is considered not merely as a place in which to repair damaged human machinery, but as a social and health center for the Greater Community Association, which includes all the towns and rural communities that participate in this coöperative effort.

The present program of the Association includes:

"A Health Survey of six counties including rural and city schools.

"A central Free Dispensary for School Children (indigents).

"A Central Free Dispensary for Tuberculosis.

"A Health and Social Service Center, with an Executive Secretary employed to supervise the sustained health crusades and social service. This Secretary to be a well-trained public health nurse.

"A permanent Child Welfare Station (installed by the State University) caring for children up to five years of age.

"A Psychopathic Clinic (for study of defective, incorrigible or otherwise abnormal children).

Plan for Coordinating in a County Seat Town all the Rural Social Forces as One Unit in The Greater Community Health Association
Creston, Iowa
Rural Churches and Clubs
Schools
Industrial and Commercial Organizations
Churches
Clubs
City
Rural
Industrial Unions
Commercial Corporations
Representatives
Social Service Committee
Fraternal Orders
B.P.O.E.
I.O.O.F.
A.F.A.M.
Chairman of S.S. Committee
City Superintendent of Schools
President or Secy of
Parent Teacher Association
County Superintendent of Schools
Chairman of Committee
Advisory
Nursing
Medical
Dental
Local Members of Profession
Central Committee
Local Executive Committee
Civilian Service Committee
Represents Local Community of the General Board of the Greater Community Assn.
See Chart II.
Churches
Church
Church
Church
Chairman of Committee
Representative of County Board of Supervisors
Chairman of Committee
Advisory
Federal Health Officer
State Health Officer
City Health Officer
Individual Benefactor
Patriotic Organizations
W.R.C.
G.A.R.
When County makes Annual Grant
Board of Supervisors
County
Women's Clubs
Several Clubs may be represented on the Board
Chart I.

Creston, Iow

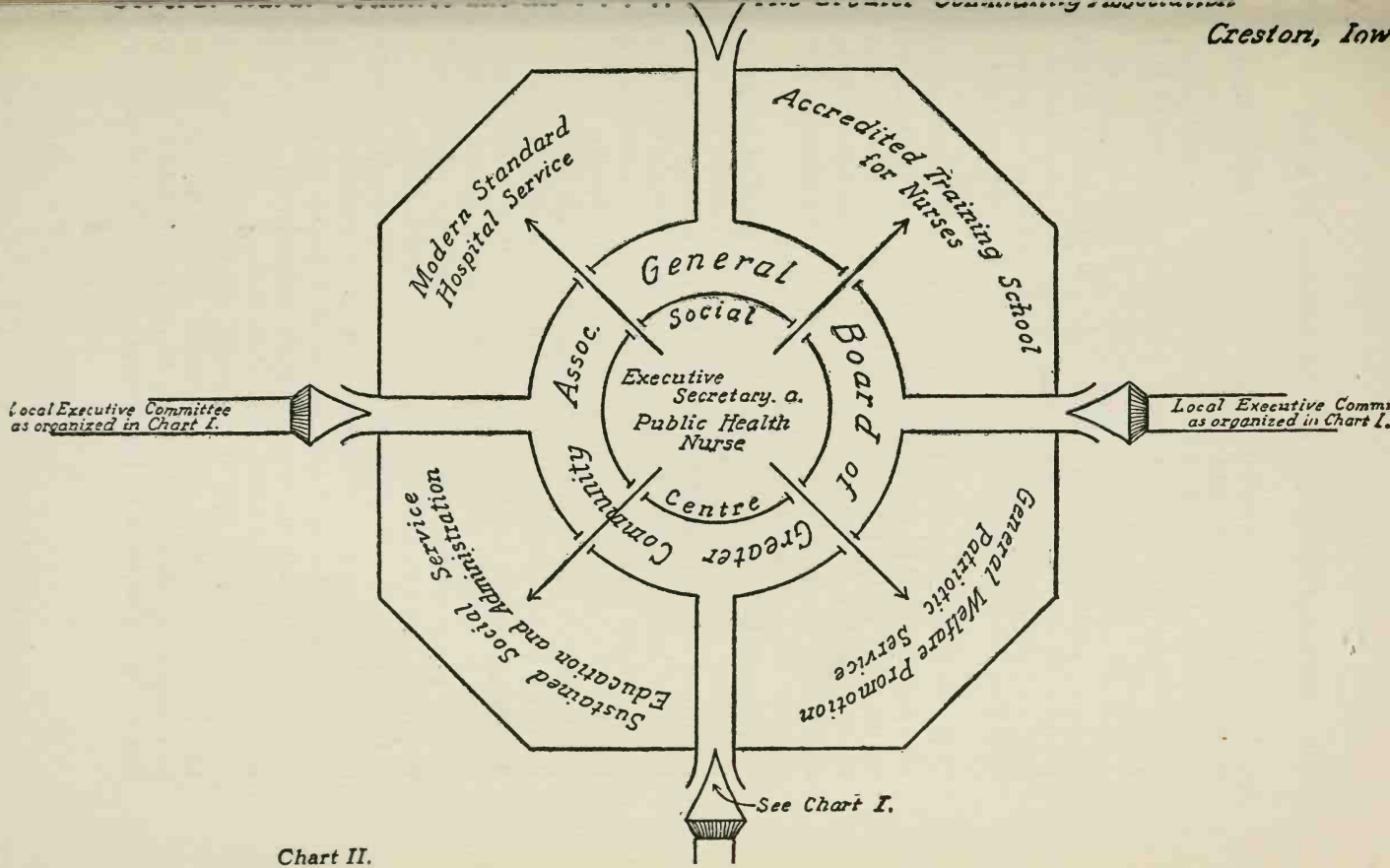


Chart II.

"A Training School for Nurses where nurses will receive special training in public health and social service work.

"A Modern Hospital, Fire Proof Buildings, Modern Equipment, Established Service—all owned in common by the people and administered under the direction of elected regents.

"Attainment of the above lines as a permanent, coördinated, efficiently administered service—on a scale to provide for 100,000 people residing in this region of small cities, towns and rural communities, placing at their disposal a group of most effective agencies that have heretofore been counted impossible save in larger cities."

While Public Health Nursing in the various communities was not included in the original activities of the association, as outlined in its program, it is intended to have such a Public Health Nursing service in the immediate future, and one of the secretaries of the National Organization has already been engaged to organize the work.

In South Carolina there is an interesting piece of coöperative work under the Department of Rural Health Work of the State Board of Health. This work is financed by State, County, International Health Board and South Carolina Tuberculosis Association. Four counties are contributing toward the experiment, in each of which Public Health Nurses are working under the supervision of the Department of Rural Health. It is hoped to stimulate sufficient interest in public health work in every county in the State, so that eventually each will organize a permanent county health organization, financed entirely by the county, and that each county shall have its Public Health Nurse.

Rural work, to be really effective and far-reaching, must necessarily extend over a wide stretch of countryside, because the population being scattered a nurse cannot find sufficient financial support, enough patients, or a strong enough backing in a small or limited area.

The county unit has been found an effective one, and the financial support of the County Public Health Nurse can often be secured through State or County. Many States have provision in the laws governing their State De-

partments of Health that enable them to contribute either financial or advisory aid to Public Health Nursing within their borders. New York, Massachusetts and Ohio have permissive laws, allowing county funds to be appropriated for Public Health Nursing; North Dakota has just passed a mandatory law for Public Health Nursing; and Michigan has such a bill before the legislature (1919). When support cannot be secured from public funds, state or county health organizations can often be found to help finance or direct the rural work in their midst.

CHAPTER V

THE NURSE'S PART IN ORGANIZING

Each year those nurses who have taken postgraduate courses in Public Health Nursing or who have had wide experience in this branch of their profession are being called upon more and more to help inaugurate various kinds of Public Health Nursing in various parts of the country, and it is becoming more and more important that they inform themselves upon the problems involved in such work and the best methods of meeting and solving them. A good Public Health Nurse should know as much or more about the organization and administration of the various kinds of Public Health Nursing as the best informed lay members and directors, and if she is an intelligent and tactful organizer and administrator she will be considered just so much the more valuable because of these very attributes and will often be chosen for an important and lucrative post because of her ability to organize the work in new places, or to administer it with intelligence and a broad outlook, where the work is perhaps tangled or in danger of collapsing.

One nurse may be called to establish Public Health Nursing in a small town where the people are aware of the need for a Public Health Nurse, where money for the work will be easily procured, where conditions are relatively satisfactory and coöperation with existing organizations and public officials not difficult; her work will be easy. Another may be sent to an industrial center where the need is great, but where only a few realize the need and where opposition is to be encountered from both public and private individuals, and jealousy and lack of coöperation from organizations already established. Such conditions require the greatest

tact, and sometimes months may be required to secure the proper coöperation before a nurse can actually carry on the work for which she was ostensibly engaged. If she succeeds, however, in overcoming the opposition and establishing Public Health Nursing, the time apparently wasted in long conferences, patient explanations and repeated demonstration is found to be well expended.

Still another nurse may be called upon to bring together warring factions, or to reorganize work already started so that there will be less waste of effort and more efficient results; this requires the greatest experience and the widest vision.

Each undertaking must be carried on according to its own special conditions, with consideration of the peculiar needs of the community and its resources, and each nurse called upon to do such work must rely to a great extent upon her own judgment and initiative, and be guided by what has been found successful in other communities and what is possible in the community where her task lies. There are, however, as has been already frequently said, certain broad principles now recognized upon which any form of Public Health Nursing should be based, and which should form the solid foundation upon which it is builded and the ideal toward which it should grow. These principles include those that affect the work itself and those which affect the nurse as an individual.

We will try to begin at the very beginning and imagine, first, that a position is open in a town where some kind of Public Health Nursing is to be established and that a nurse has been asked to fill that position.

Before accepting the position offered the nurse should, if possible, have a personal interview with the person or people desiring to engage her services and there should be a thorough understanding on both sides as to the contract being entered into. A personal interview is worth all the correspondence in the world. It is valuable to both the nurse and to the community she is to serve. In fact, some feel

that it is of such paramount value to the *community* that it—or the person or persons who represent it and are to employ the nurse—should pay the nurse's expenses to the town where the interview is to be held. If the distance is great and they do not feel able to do this or feel they can only pay part, the nurse should herself be willing to at least share the expense; for only when one is on the ground and can see the place, the people and condition, can one judge adequately whether or not it is wise to accept the position. If the personal interview is absolutely impossible then the correspondence must be very full and detailed, and some common acquaintance who knows something of conditions and people and requirements on both sides should, if possible, be interviewed.

The salary should be guaranteed for a reasonable length of time. The Red Cross Public Health Nursing Bureau feels that the salary for six months should be in the bank and that it should be guaranteed by responsible guarantors for one year. Others feel that it should be guaranteed for at least six months. Others again feel that unless the change to the new position would work great harm to the nurse if not guaranteed for a year or six months such a ruling might often dampen the ardor of a community and render it impossible to establish Public Health Nursing where otherwise everything was ripe for its establishment. A conservative ruling, safe for both nurse and community, would be that a three months' guarantee is sufficient to warrant a nurse in accepting a position to establish and organize Public Health Nursing in a new center; for we feel that after the nurse is on the ground and doing actual work the value of her work is so easily demonstrated that the salary is readily procured. Before she begins it is a venture; people with faith and vision, as well as money, must be found to guarantee the salary; but after the manifest usefulness of her work has been demonstrated, then the public, the general public, will be glad to contribute to her support and her salary will be met by the community at large and not by a few select

individuals in that community. However, this matter of guarantee must be left in part to circumstances, though an understanding on the subject should be complete before the position is actually accepted.

Before the nurse actually begins the work of nursing she should take a week, or several weeks, if necessary, to make herself acquainted with local conditions, local institutions and local laws. This also should be understood by both parties beforehand. A general knowledge of conditions will help the nurse to decide what form of organization would be the best; a knowledge of local institutions and organizations will help her to know where she can get help and coöperation in her work; and a knowledge of local and state laws is necessary that she may know what public help she can ask for, and what she may and may not do with impunity.

When the nurse arrives in a new community the very first thing for her to do is to get acquainted with the people and with conditions. She usually knows two or three people, certainly one with whom she has held her preliminary interview or carried on her correspondence. Through this person she can usually be introduced to others and be given the names of various people upon whom she may call. These should include prominent citizens, both men and women, who might become interested to support the work; also the health officer, and any of the public officials whose position might make his acquantance helpful, such as the mayor, the judge of the Juvenile Court, the ministers of the various churches, both Catholic and Protestant, school teachers and social workers, and, finally, physicians. Perhaps I ought to have said first physicians, for certain it is that the good will and coöperation of the doctors of the community is of the most vital importance. If there is any antagonism on the part of any doctor—and strange to say, there often is antagonism, but it is usually because they do not understand the work of the Visiting Nurse—if there is any antagonism, it should be met at once and an endeavor made to explain the work so that it will be seen that it in no way

supplants or interferes with the doctor's work, but that it supplements it and makes it effective. It should be explained that the Visiting Nurse in the home is, like the nurse in the ward, under the direction of the physician; that, indeed, she is not permitted to care for a case that is not under a physician; that the same etiquette is observed as in hospital or private nursing; and that far from depriving doctors of their legitimate cases or diminishing their practice, the Public Health Nurse in reality increases it by referring to them many cases who are found without medical care. Actual figures on this subject can be procured from any well-organized visiting nurse association, and will often prove very convincing.

Another of the very first duties of a Public Health Nurse on entering a new community is to give publicity to the work, and to arouse the interest of the general public. In this work of publicity the nurse needs the help and coöperation of local people. There should be talks given on the subject in churches, clubs, lodges and schools. A "Press Committee" might be established, with the editor of the local paper as chairman or member, this committee to furnish regular and frequent news items, or better still "stories." Quite often local talent can be found for the writing of these stories, which usually prove very effective in arousing interest and bringing the work to the attention of all classes of citizens—for *all* should be reached and interested. Let those with money, or leisure, or ability to direct, know about it so that there will be no difficulty in procuring money for its support, or members for its board of directors. Let the physicians and health officers and school teachers and churches and social workers know about it, so that there may be the closest coöperation; for Public Health Nursing is so closely interwoven with all the other social activities of life that the Public Health Nurse must be in close touch with a multitude of people and a multitude of organizations. And finally, let the people, the poor as well as the well-to-do, know about it, for they are the future patients. Let them

know that a nurse is in their midst upon whom they can call in time of need; that when they are able they can pay a fee that will cover the cost, so that the thrifty and self-respecting citizen need have no fear that he is accepting charity: but, on the other hand, let them know that when they are unable to pay, the services of the nurse are free or nominal, that she is ready and anxious to help them out of their difficulties, and that wherever there is sickness and need she is a friend to be called upon.

It is very important that from the very first the public should understand that the nurse is for *all*, that part of her service is pay service, just as part of a hospital service is pay service. That just as there are free wards in a hospital for those who are unable to pay, so there is free visiting nursing in the home for those who are unable to pay; but also, as in the private wards of a hospital, those who can pay are charged varying prices, ranging from a small fee which helps to carry the work, to the full fee which covers all expenses. The amount of this charge varies in different places from fifty cents to one dollar. Fifty cents probably does not entirely cover everthing, including overhead expenses and supplies. One dollar probably leaves a little surplus that goes toward the expense of free cases.

The very first thing to be done, therefore, in organizing new work (or in reorganizing old work) is to arouse the interest of the general public, for it is from the public that the support and assurance for the future permanency of the undertaking is to be secured, and it is by the public that the nurse is to be called, and from the public that she is to secure her patients. In order to arouse this popular interest various methods may be used. It is, of course, impossible to give definite directions, for different methods will be effective in different places. Personal visits, as I have said, and discussion of the subject with people who might become interested is, perhaps, the best way to begin, but that is naturally limited to a comparative few. Letters and leaflets may be used to great advantage; they can be mailed

to a carefully selected list of citizens, or they can be distributed from certain centers, churches, schools, stores, etc.

When a sufficient number are interested to warrant a real start, let one, perhaps the most active or influential of all, call a parlor meeting and discuss the form of organization to be adopted, vote on the names of the people who are to form this committee or become the directors of the undertaking, and work out other details according to the recommendation of the nurse and the need of the situation.

In appointing the board members, in selecting members for the various committees, or in administering the affairs of the organization it may be felt that the nurse can take no part. As a matter of fact, the nurse can often offer most valuable assistance. For this reason she should herself know what qualities are most needed in the lay people; what committees are essential, and what the work of each particular committee should be; and she should study the people about her in order to see who are best fitted for certain pieces of work, and watch for opportunities to suggest their names in connection with the work she feels they can do.

As for the work of administration: in a large organization much of it is always left in the hands of the superintendent nurse; and where the association is small and new, with a board perhaps unacquainted with the best principles of Public Health Nursing, the work would often run into many shoals and on to many rocks unless the nurse knows the charted way and has skill to steer the ship into the right channels.

When a board of people new to Public Health Nursing has been elected it often falls to the lot of a nurse to educate them. This may seem unnecessary and almost impossible; and yet it is not only possible, but is one of her most valuable contributions to the work—provided she is qualified to teach. The attitude of the nurse toward her own work, the amount of influence she has over her board of directors

and her ability to inspire them with interest, enthusiasm and a desire to do their best in the best way, are amongst her most valuable attributes as a supervisor or organizer of Public Health Nursing.

First of all, she must become acquainted with her directors, and then she must teach them what Public Health Nursing really is, and how it should best be done. As someone has said, "Taking the Board and Staff together, that is the lay people and the nurses, knowledge is the rock foundation, knowledge of the general Public Health movement of the main issues at stake, of the important decisions made. Knowledge gained through open minds, through literature, through representation at conventions, through absorption of carefully prepared reports."

A tactful nurse will not, of course, appear to be directing her directors, although in reality that is exactly what she must often be prepared to do. People in small towns, who have not, perhaps, come in touch with the constructive trend of modern philanthropy, or who still have something of the "Lady Bountiful" in their idea of social work, should be directed into the newer paths. The nurse must have the ideal in her own mind, must chart the way that others may follow, must win the people to the best idea, never try to coerce them. For instance:

A member of the board may have a very strong personality, have great influence and be eager and willing to use all her powers for the advancement of the work, but may not have had any experience in work of this kind and may not know that some of the things she proposes would be destructive rather than helpful. In such a case the nurse should use every endeavor to *win* her to the better way—should, in conversation, by citing work in other cities and by lending her timely books and articles to read, try to help her to see things straight. It is better even to acquiesce at first in a plan of which one does not approve than to try to force one's point of view. The story of the Sun and the Wind is apropos. There had been an old feud between the Sun and

the Wind as to which was the more powerful. The Sun maintained that he was sovereign of the Universe, and stronger than the Wind. The Wind, however, was indignant and insisted that he was the stronger. To prove their contention they decided to put it to the test by seeing which could first make a certain traveler take off his cloak. The Wind blew and raged about the man, pulling at his cloak and nearly tearing it from his back, but the more the Wind raged the more tightly did the traveler wrap the cloak about himself and hold it fast. At last the Wind desisted, and the Sun took his turn. He shone gently but steadily on the traveler, who soon unfastened his cloak, then threw it open and finally, taking it off, cast it aside. The Sun had won!

There are various ways in which the nurse can educate her trustees. First, by putting them immediately in touch with the National Organization and its ideals. The majority of our directors do not know enough about the National Organization. It is the place of the nurse to bring it constantly before her directors, to tell them what it is doing, why they should become members, and why they should read the literature it puts out and should attend its annual convention or read its reports. Again, the nurse can help by lending her directors books or pamphlets and by urging them to subscribe for the *Public Health Nurse Magazine;* and, lastly, by putting them in touch with active work and people whenever the opportunity occurs. Finally, she can inspire them by having her ideal ever before her own eyes and by living it as well as preaching it.

Also, a nurse should try to become acquainted with her directors and should try not only to keep them in touch with the actual work in the field, through her reports, etc., but should try to keep them busy. She can do this best by "thinking in committees," as one successful superintendent calls it, that is, she can constantly say to herself "Cannot this piece of work be done by such and such a committee? If so, it is better to put it up to it than try to do it myself."

And this is another thing: a nurse should not try to do everything herself—she should try not to. She should think over her committees, or think over her individual directors and refer the piece of work to the place where it might legitimately belong. Then she should talk over the matter with the person or persons to whom she refers it, point out what seems the best mode of procedure, tell them anything she knows about the subject which might help them in carrying it through, and then leave it to them to do the work. A busy, active board is a happy board, and an effective one. The nurse's duty is to try to help the board to use its activity in the best and most effective way.

Of course I have mentioned only a few of the many things a Public Health Nurse can do to help the board administer its affairs. If the board's main business is to procure funds for the work, part at least of the nurse's business is to expend them, and she should use every economy in the expenditure. Of course the board must pass upon every appropriation, but the actual use made of the appropriation is often left entirely to the nurse's discretion. She should therefore feel in honor bound to be as economical as she can. She, as well as the board, should be able to show the public that they have thought hard as to how to spend the money advantageously, that they have not been extravagant in the use of medical supplies, office supplies, laundry or any other expenditure, and that every dollar spent has brought a good return. I remember a year or two ago Dr. Thwing, President of Western Reserve University, commented upon the very low per cent of money expended for the administrative purposes of the Visiting Nurse Association of Cleveland, compared to the volume of work done; and he explained it by saying he thought it showed that the women who managed the affairs of the organization must have applied to it the same thought and economy that they gave to their own personal affairs. Probably another reason is that much of the administrative work is voluntary and unpaid.

The Public Health Nurse, no matter how enlightened

her board, should always feel the responsibility of keeping her directors interested in the field work, and "by thinking in committees" keep them busy in the details of the work. This serves a twofold purpose: it saves her own time, and keeps her directors interested in the work. And, finally, the Public Health Nurse should be on the outlook at all times for possible ways and means of developing her work, so that it may reach an ever greater number of people, may cost less and less per patient, and may mean more and more to the community as the years go on. Let her work as one with her board, and let them both try to live up to the ideals of the National Organization and to exemplify in their own persons the beautiful figure on the seal of the organization, who is seen, spade in hand (to typify personal labor), planting the tree of life—namely, the desire for better things, better health, better homes in the waiting soil of the community.

CHAPTER VI

ORGANIZING PUBLIC HEALTH NURSING IN A NEW COMMUNITY

In starting Public Health Nursing in a new community the first thing to consider is the need of that community, though many other things must also be taken into consideration. In the first place, what is the general idea underlying the desire for a Public Health Nurse in that particular locality? Is it for the care of the sick? Or is it for the health of the community? If the former, the work might appropriately start as a hospital committee, although that is recommended only under certain conditions. If the latter, it would more logically be part of a health department. If the main desire is to give bedside care the people might be more readily interested in a general district nurse; if to protect and improve the health of the community a school nurse or a tuberculosis nurse might more easily appeal to them.

One of the first questions to be decided, therefore, is the desire or need of the community and the kind of work to be undertaken. Shall the nurse start by doing general Public Health Nursing; or shall she begin with one of the special phases, such as baby work, tuberculosis work, or school work? Shall she endeavor to force upon the people the type of work the need for which is apparent to her; or shall she start according to their desire, irrespective of more urgent necessity, and try by demonstration and instruction to lead them to a realization of their proper need?

These questions are of great importance. Happy the community where the work is inaugurated as general Public Health Nursing, for sooner or later, especially in the small town or rural districts, it is recognized that the work is better and more economically done by the general nurse than by

one of the so-called specialists. In a large city it may be otherwise: there, highly scientific work may be carried on by an organization devoting itself, we will say, to infant welfare, and it may be found that only specially trained and supervised nurses can carry out the work as desired by the organization. Or again, an antituberculosis organization may devote itself primarily to the educative and preventive features of the work, leaving the care of bed-patients to general nurses; in such cases the special tuberculosis nurses would confine themselves to the dispensaries and follow-up and instructive work and would quite logically be a separate corps of "specialists." Even in large cities, however, it is being more and more demonstrated that the general nurse can best carry all the work in relatively small districts, especially if there are "specialist supervisors" to watch over her work.

In the small towns, however, general Public Health Nursing is accepted as the best. It is just as though a small town were to have one doctor. Suppose he were a baby specialist, how about all the sick little brothers and sisters of school age? and the fathers and mothers? Suppose he were a lung specialist—all very well for the tuberculosis patient, but how about other patients in the community? And so it is with the nurse. She cannot enter a community where there is no other Public Health Nurse and confine herself to one group of people or one group of diseases. She must go to them all, and whatsoever her hand findeth to do, she must do it with all her might. Even if the work begins as a special piece of work it will usually, if carried on by a nurse of wide outlook, in the end work out into general Public Health Nursing.

A case in point is that of the first State Nurse in Ohio, who began as a tuberculosis nurse, but soon developed into a general nurse because she could not confine her activities to the work she was originally engaged to do. This nurse was supported by money raised by the sale of Red Cross Seals and was supposed to go from town to town, for a

month's stay, and there make a survey of tuberculosis, nurse tuberculosis patients and demonstrate to the community the value of a Public Health Nurse in combating the disease. She succeeded admirably in demonstrating the value of a Public Health Nurse, but not only in regard to tuberculosis. As a matter of fact, she soon found that in many places there was actually not enough antituberculosis work to keep her busy; but, at the same time, she found that there was much more general work than she could possibly cope with in the period of a month. Other members of a family would need care as well as the tuberculosis patient; neighbors and friends were perhaps in need of her services for general diseases even more than the stricken consumptive; little babies were dying because their mothers did not know how to feed them; sanitary conditions were such that unless reported and improved, serious epidemics would surely arise; school children were so uncared for that they were not only spreading disease, but were themselves unable to profit by the school instruction they were called upon to follow. In such cases one could not expect an active and conscientious nurse to limit her activities; and the tuberculosis visiting nurse was soon known simply as "the visiting nurse:" and most of the communities engaged their own Public Health Nurse to continue the work after the month of demonstration by the first Traveling Antituberculosis Nurse had ended.

However, in starting Public Health Nursing, as we have said, the original underlying idea should be respected and necessary changes worked out as the work progresses and they become apparent. The need of a Public Health Nurse in a community is usually perceived gradually by one or more individuals at a time, and the awakening may come in various ways. This awakening consciousness of a need must be carefully handled in order to foster the desire and avoid antagonism.

In every large city, or even town of small size, where there is more or less a growing population of foreigners or working people whose daily earnings are only just above the living

wage, among whom illness would almost always mean tragedy and for whom, when ill, no medical or nursing care at private practice rates could be expected, the value of a Public Health Nurse is easily recognized. But in a small and apparently healthful village or countryside, or in towns where there is little manufacturing, few foreigners, and where the townspeople are thrifty and where there are no visible slums or so-called congested districts, the need is less apparent.

When one realizes, however, that illness always brings extra expense, and that where illness occurs those who, under ordinary circumstances, can maintain their families fairly well are often submerged; and when one learns of the crass ignorance often found even among fairly prosperous and intelligent people, mechanics, small farmers, etc., in the matter of sanitary living, or contagion or precautionary measures; and when one realizes the danger that may lurk in a beautiful pond or in a picturesque, rambling old house, one becomes suddenly aware that even in a clean, pretty and thrifty-looking village a Public Health Nurse may find much work to do. Moreover, in rural communities it is often difficult to procure a graduate nurse, even when well able to pay, and a Public Health Nurse available to all is found invaluable. An individual case in a community often opens one's eyes to the larger and more general need. Someone knows of a poor woman, ill for weeks with pneumonia, or typhoid, or a burn, unable to be taken to a hospital, dependent upon a neighbor, or a child or an ignorant husband for what little care she may have received; who has lain for hours without so much as a drink of water; whose bed has been unmade for days; and the thought comes, "Oh, if there were but a Public Health Nurse to call upon!" Or one hears of the death of a baby and, knowing it was caused by improper feeding, suddenly thinks of all the other babies whose lives will be offered up as a sacrifice to ignorance unless a Public Health Nurse is engaged to watch over them and teach the mothers how to care for the helpless beings confided to their protection. Or

again, a friend may die of tuberculosis, and in a few months another in the same family or the same house may contract the disease; and one asks the question, "Were these people properly instructed in the precautions necessary?" Whatever the incident which arouses the interest or opens the eyes of the people to the need of Public Health Nursing, it should be respected, and everything should be done to foster the growth of the desire until Public Health Nursing is well established in their midst.

As to the form of organization to be adopted, that depends greatly upon the work to be done and the conditions, both social and civic, of the community in which it is to be established. For that reason it is often found advisable to at least begin the work as a Committee on Public Health Nursing, rather than as a separate and new organization. A committee is more flexible—it gives time to see what form of organization applies to the work in a particular town before tying up in a hard and fast organization; and it makes it possible to study and know the different individuals engaged in the work, so that a wise choice of officers and directors may be made. The committee can be an independent committee of citizens, selected for the sole purpose of establishing and carrying on Public Health Nursing in the community, and later can be organized as a Visiting Nurse Association; or it can be a committee of some already well-established organization or association and may be supported, in part at least, by funds from the general treasury. It should never be organized as part of a charity organization, for that immediately kills the main idea of community nursing in the home and stamps it from the start as "charity work"; thus cutting off the thrifty and self-respecting citizens of limited means from sharing the services of the nurse, and often depriving the most worthy of her care. Also, the work should not be identified with any one church, although *all* churches should be asked to contribute towards its support. The committee, if it starts as a committee, can well be a committee of a general woman's

club (and right here it should be borne in mind that the woman's clubs of the country are probably going to be one of our greatest aids in establishing Public Health Nursing); or it can be a committee of a health league, or a hospital, or a settlement, or a village improvement society, or a board of health, or any broad organization already established—only so that it does not have the character of charity, nor limit itself to any one creed or race. A settlement is objected to by some because settlement work seems of the nature of charity; but in reality it is more of the nature of a society for improvement, and many settlements charge small fees for classes of instruction and can easily charge for nursing care. Perhaps one of the very best ways is to have Public Health Nursing form part of a civic welfare league. A good many towns and villages all over the country have lately been establishing what are known as "Civic Welfare Leagues." The name is a very comprehensive one, and one can see at once how easily Public Health Nursing can be organized as a branch of the work for civic welfare. When no such league exists, a nurse can sometimes be instrumental in inaugurating such a league, and by so doing may tactfully do away with certain jealousies or antagonisms in the community because of individual organizations, and may bring about coöperation and the best public spirit.

If the original idea actuating the community is the care of the sick this work might, as we have said, start as the committee of a local hospital. The objections to this plan are that the work is liable to confine itself to the mere bedside care of patients and to ignore the wider social aspects and the effect upon the general health of the community. Hospitals are accustomed to consider the patients as the main object of their activities, and the medical aspects of the case as those on which they should fasten their attention; whereas Public Health Nurses must learn to look on the family as the unit, and on social and sanitary conditions as those in which they must seek the root of the disorder. Another objection to using a hospital as the starting point

for Public Health Nursing is that a hospital is tempted to use its pupil nurses to do the work, and unless these pupil nurses are very closely and very carefully supervised by a specially trained Public Health Nurse it is a dangerous proceeding, both for the patients and for the future growth and standard of the work. Public Health Nursing is not merely the giving of baths and bedside care to a sick individual. An untrained hospital pupil nurse understands none of the principles upon which the work must be based; she should not be entrusted with the responsibilty of solving problems with which she has had no experience, and a hospital should not deceive itself into the idea that, because it has sent its pupil nurses out into the districts for a short period, it has been doing Public Health Nursing, or giving its pupils any training in this highly technical profession.

On the other hand, if the need of Public Health Nursing in its wider aspects occurs originally to the trustees or managers of a local hospital and they feel reasonably sure that they can carry the work out on its true and basic principles, it is quite possible to start as a hospital committee. The advantages are evident: discharged patients easily form a nucleus for the work. Medical supplies and equipment are at hand in the hospital. A dispensary is easily arranged for, with the hospital physicians in attendance, and—perhaps of paramount importance—the most influential and wealthy people of the community are already interested in and willing to support the *medical* side of the question, and only need to be made aware of the *social* importance as well. As the work increases and seems to outgrow the committee management, necessitating the formation of a different organization and separate budget, it is sometimes possible to make both the hospital proper and the out-patient nursing service coordinated parts of a Health Center, instead of separating them into two distinct organizations. This is very desirable, as it bridges the chasm between hospital and home and makes it possible to give the patient continuous care and supervision after the acute illness, necessitating hospital care, has

passed and he is again returned to his own, and sometimes very poor, home.

If the work starts with some specialty, such as antituberculosis work, child welfare, or maternity, it may, of course, begin as an independent organization or as a committee; but in every case the medical soundness of the work should be unquestioned. In these three specialites the social aspect is perhaps better understood than in general district nursing, and there is less likelihood of the true value of the Public Health Nurse being misunderstood.

If the community is small, with not enough work or not enough wealth to be satisfactory, and it is yet considered desirable to confine the work to the immediate specialty undertaken, it is sometimes found advisable to interest other near-by communities in the same idea, and by extending the work to include them and so secure a larger field and better support. In such cases the committee in charge must, of course, consist of representatives from each district interested, and the support and activity must be equally distributed and shared. The organization described in a previous chapter, where one full-time Public Health Officer has charge of several communities, may be successfully used in such a case as this; or one medical director may be engaged by private individuals and the whole undertaking be carried out by a committee of private individuals representing the several villages or communities. The obvious advantage of this pooling of interests is that a bigger and more far-reaching piece of work is possible where a large field is utilized; and that better financial support is secured, thereby making it possible to enagage more highly trained medical and nursing specialists. Unfortunately, local jealousies seem to make it very difficult for two or three communities to work together harmoniously, and unless the unit is a county or a State, with no advantages reverting to one village or township more than to another, it very seldom results in satisfactory work.

In antituberculosis and infant welfare work the larger

county or state unit is more satisfactory than the small local unit; and it would always be well for a small community, before starting either of these specialties in its own midst, to acquaint itself thoroughly with what is being done along these lines in its vicinity and, if possible, tie itself up with work already started. For we must learn to realize more and more that Public Health Nursing is not a local interest, or a local activity, but that it is a nation-wide effort to improve the health conditions of the entire country, and that while individual and local activity is necessary, strength comes in union and each separate effort should be recognized as a part of the whole. Only so, when the work is uniform from the Atlantic to the Pacific, when the standards of all are of the highest, when local jealousies are swallowed up in a wide understanding that all are working for the benefit of all, can the best results be attained, and Public Health Nursing becomes what it should become, the recognized right of every community.

If the idea which actuates the community in introducing Public Health Nursing is to care for the school child and to protect the public from the possible spread of communicable diseases, the school nurse will probably be the one first engaged. In this case, the question will at once arise, "Shall the nurse be under the Board of Education or under the Board of Health?" Perhaps the strongest arguments are in favor of the Board of Health. It may be necessary to start under the School Board, but from the very first one should try to promulgate the idea that the work of the Public Health Nurse is toward the conservation of health and for that reason comes more properly under the control of the Board of Health. Moreover, the employés of the Board of Health work all the year round, and all things that pertain to health or sanitation come under their jurisdiction; while the school employés are engaged for only nine or ten months and are not supposed to interfere with the health or sanitary arrangements in the community, even when they touch on the nurse's work. Moreover, the school nurse has more in common with the health officer than with the supervisor of schools.

In many places, however, it would be impossible to start school nursing under the Health Department, whereas the School Board might be not only willing, but eager and financially able to undertake the responsibility. In such cases there is no question as to accepting the condition, and there are many arguments in favor of such an arrangement. The schools are under the jurisdiction of the School Board. A nurse of their own choosing, supported by them, becomes a member of their own department; they are not only responsible for her and her work, but they are anxious that her work should be successful. The teachers recognize her as another representative of their own department and the medical inspection of the school, and the instruction of the children by the nurse in matters of personal hygiene and general sanitation becomes a part of the regular curriculum. This does not, however, apply to parochial and private schools, which is perhaps another strong argument for carrying on the work under the Board of Health.

The financing and control of Public Health Nursing is coming more and more to be recognized as a public affair and in many communities, both large and small, the entire work is being taken over by the public authorities. In some cases the council merely authorizes the payment of a salary for a Public Health Nurse, and an advisory committee of citizens is attached to the Health Department (or whatever division is selected), this committee being practically in charge and acting in the capacity of an independent Visiting Nurses' Association, all supplies and other expenses except salary being borne by the committee. Sometimes the coöperation is through a town or city council merely offering office room. Sometimes a private organization will be formed for general district nursing and the town will pay the salary of a school nurse, or a nurse for contagious diseases, or a baby nurse, placing the nurse on the staff of the private organization and leaving the entire supervision and direction of the work to the directors in charge. Such coöperation is very satisfactory. Where the town or city or county officials have

entire control it is necessary to be on the alert lest the work gets into the hands of politicians, and the standards lowered. Moreover, as before said, it is very necessary not to identify the work of the Public Health Nurse with one particular political party, or with one particular man or group of men. If it becomes so identified it is sure to suffer when the party goes out of power or a change of administration takes place. Before advocating the financial assistance of municipal or village councils, be sure that at least a few strong men understand the true principles on which Public Health Nursing should be founded, and try in every way to guard against the employment of political favorites, or the using of the positions offered as political plums. A poor-commissioner of health, or an ignorant town council may wreck the work in a community unless the people themselves have been educated as to the proper lines to be followed, and have taken precautions against political manipulation.

On the other hand, the providing of Public Health Nursing, especially such as school, contagious diseases, infant welfare, and perhaps particularly tuberculosis, which needs the full weight of public authority behind it, is very properly the affair of the public authorities, and it must be frankly admitted that the bugaboo of political trickery in connection with it has not proven as great as was feared. When Public Health Nursing in any of its branches is once seriously taken up by any city, state or county government as a part of its regularly organized work it is soon looked upon not as an experiment, not as a fancy frill, but as an essential part of its public health work, and the main desire is usually to carry it on as well and as soundly as possible. Moreover, the public, including officialdom, is becoming so well educated on the subject that the dangers of mismanagement, poor standards for nurses or work, and political manipulation is becoming less and less each year.

If the form of organization decided upon for Public Health Nursing in a new community be a Visiting Nurse Association, a constitution and by-laws for its government should

be adopted. The National Organization for Public Health Nursing has prepared a model constitution, by-laws and rules for nurses, with most valuable notes, a copy of which can be procured from the main office in New York City. It would be well to consult this model constitution, as it contains the fundamental principles as recognized by the National Organization. If the work is to be directed by a committee, the organization is more simple, requiring merely a chairman, a secretary, and subcommittees or delegated individuals for directing and carrying on the various details of the work.

In appointing these committees of a Visiting Nurse Association, it is well to begin with as few as possible and increase the number as the need becomes apparent. Three committees are essential: one on finance, one on supplies, and one on nurses. A fourth one on publicity has been found very useful. In some cases the publicity and finance committees can be combined; and again, the committee on nurses and the one on supplies may be merged in one, but that is not to be recommended, as the work of each is very definite and very different. The publicity committee must keep the work before the public. It might start with a big public meeting, well advertised. This meeting should be made interesting with music, a good speaker on Public Health Nursing (one of some reputation, if possible), with lantern slides, and any other entertaining feature that suggests itself. Besides the public meetings the publicity committee should see that the newspapers are supplied with stories, articles, cartoons, anything they will publish; that posters are sometimes distributed, etc. All this is like plowing the ground and sowing the seed. Then comes the finance committee and gathers the harvest. That can be done by circular letters, by house to house canvas, by tag days, by red letter days. The finance committee has charge of the money, suggests ways and means for procuring it, and is responsible for its care. But no organization should put all the burden of procuring the funds on the shoulders of the finance committee. Each member should feel a personal responsibility in helping

to procure the income for the work and should be willing to do his or her share.

The nurses' committee has close oversight of the actual work of the nurse, or nurses, and is the bond which should unite the nurse with the lay members and the lay members with the nurse. Many feel that the committee on nurses is so important that it should meet every week, especially if the work is new or if there is only one nurse working. The nurse should feel very close to the committee on nurses and all her problems should be discussed with it.

The supply committee, as I have said, may be merged in the nurses' committee, but it is better to have it a separate piece of work. It requires one or two members of business ability for the planning, buying of materials, and keeping of accounts, and a large number of workers. The workers may be members of the organiation or outside helpers.

Finally, a home for the newborn organization must be found, for good and effective Public Health Nursing cannot be done without a properly equipped station and office. This office may often be contributed and may be in any central location. It should not be in a church building, for that immediately limits the work to those of that particular faith; and it should not be with a charity organization. It may, however, be in a settlement house, a business block, a hospital, or the City Hall. The office, once found, must be properly equipped. It must have telephone, desk, record files, supply closet or cupboards, running water at hand, and should have some seclusion.

When all these details have been well worked out one can feel that the work is fairly organized. The nurse has learned something of local conditions and local and state laws, she has become acquainted with a good many of the people with whom she will be thrown, and is beginning to know to whom to turn for help and support, and what quagmires and danger spots to avoid. The public has been aroused and now knows that a new kind of a nurse, a *Public Health Nurse*, is in their midst, and that she can be called upon

both by the poor who cannot pay, and by the independent wage earner who can; and that her services, like the services of the hospital, are for all. And, finally, the form of the work has been planned, the chairman, officers and directors chosen, and the office or station equipped and opened; and Public Health Nursing becomes a recognized organization in the community.

CHAPTER VII

BOARDS OF DIRECTORS

All organizations and associations that have the management and disbursement of public funds, and the responsibilities and direction of the work for which these funds are used, must have a board of trustees or board of directors, and it is of great importance that this board be composed of properly qualified and representative individuals. The prime duties of a board are:

1st. To procure sufficient funds for carrying on the work for which it stands.

2nd. To see that these funds are wisely and economically expended.

3rd. To see that the actual work of the organization is carried on in the best and most effective manner, and

4th. That an adequate and satisfactory report of the work and expenditure of the organization be rendered periodically to the public.

To fulfill these duties satisfactorily it is apparent that the personnel of the board is of the greatest importance. The size of the board depends upon conditions—it must not be so large as to be unwieldy and cumbersome, neither must it be so small as to make it difficult to at all times procure a sufficient number of members to carry on the business of the organization. In the case of a visiting nurse association, whose work consists in technical nursing care and technical social work, as well as the usual financial and business management, it is best to have a varied and somewhat large board, probably from fifteen to forty members. In a small community, where the individuals are not apt to have so many distractions or outside obligations as in a large town,

the smaller number might be sufficient; whereas in a large city, where every man or woman of ability or prominence is usually overburdened with civic and social duties, it is well to have as large a number as can reasonably be expected to act harmoniously together.

From a board of forty members in a city one can seldom count upon more than fifteen to twenty at a meeting; and often, especially in summer, it is difficult to secure even half that number. In the village, however, or in the country, where interests and amusements are less numerous, two-thirds of the members are usually available.

Many people feel that the main work of a board is to raise money, and therefore that the only requisite necessary in a board member is some connection with money. For that reason they choose their directors because of their wealth or business ability, or because they are in touch with the most prominent and wealthy people of the town. Such a board soon fails. First, because the business of money getting is and should be only one of the duties of a board; second, because it is against human nature to continue for long interested in merely money getting, unless one can also see and be interested in the expenditure of that money; and third, because one cannot be vitally interested merely in theory—one must be in touch with the actual working out of details, and must feel that he or she is a vital part of the working force. The board of a visiting nurse association must, to be truly interested, be in close touch with the actual work of the organization in the community. It should know something of the district and the daily work of the nurse. A morning spent with the nurse in her rounds in the district will do more to arouse the active interest and coöperation of a trustee than anything else. The nurses who see daily the suffering in the homes of the poor do not realize the impression such sights make upon one who has never before come in contact with such conditions. A better and a more sympathetic understanding of the work is aroused by such first hand impressions.

The members of a board should be chosen for the work they are to do. Some surely should be chosen because of their wealth or influence, or business ability; others because of their fidelity to do whatever they may undertake; others, again, because they are good at detail; and still others because they have vision and can lead. A mixed board, that is a board whose members have different points of view, is much more likely to be alive and interesting than is one where all look at things in more or less the same way and where there is likely to be little discussion. Discussion of any point is always good. It makes one think, it shows up the different sides of a question, it enables one to form a more just decision, and to know why one decides for or against a question. Mrs. Aldis says, "The advantage of having different elements on a board is that they neutralize each other and produce wisdom."

The board of a visiting nurse association, therefore, should represent many sides of the work and many sides of the community life and should be of a highly diversified character. Among the members should be at least two or three who represent the larger moneyed interests of the community, from whom the support of the organization is to be expected. These may or may not be valuable as active working members, but even if they can give no active service they must not be looked upon as dead wood, for the very fact that they sit on the board of the association and direct the expenditure of funds will give strength and standing to the association in the eyes of the public; also, their connection with people of wealth and their knowledge of money conditions will be of great assistance when the raising of funds is in question. It may also be well to have one or two individuals of public prominence and influence on the board, even though they also may be unable to give any active service; for they are valuable as representing the highest thought and spirit of the community.

Apart from these few representatives, however, the main body of the board should be chosen from among women

who are able and willing to devote a certain amount of time to active service in the management of the organization. I say "women" with intention, for it is seldom that men can be found with sufficient leisure to attend to the details of the work, though occasionally a business man, or a lawyer or a physician may be found who is willing to attend the meetings with regularity and whose advice on various points connected with his profession may be invaluable. In some cases, however, it is thought better not to have physicians on the board for fear of local or professional jealousies, and in many cases the legal or business advice needed from time to time may be secured from the members who stand for influence or wealth, without adding more inactive members to the board.

The main body of the board, then, should be composed of active women who are able to give time and service to the management of the organization, and who shall be wise in directing its policies and protecting its interests. It may be thought that such individuals will be difficult to find, but in this age of awakening there are many who are only awaiting an opportunity to exercise their powers and who are willing and eager to fit themselves for any responsibilities which may be placed upon them. Moreover, the qualities necessary are most diversified. Some are needed whose sense of order and method is well developed; they should have oversight of supplies, records, reports, etc. Others again, may have business ability; they should have charge of accounts, finances, the carrying out of new policies, and the planning of the annual budget. Again, there is always need of some who have the gift of vision—who look into the future and whose fervid imagination sees new fields to conquer, higher goals to reach and who are able to inspire the more practical, every-day worker with the enthusiasm which makes their own lives bright. There is need of radical members, who are ever suggesting new activities, new responsibilities; and there is need of conservative members to hold the others in check and to maintain the stability and strength of the organization.

On the board of a visiting nurse association, whose work is a combination of technical nursing care and applied modern charity, it is very well, in fact almost necessary, to have at least one member who is a nurse (either active or retired), and one member who is either a professional social worker or one who has had large experience with modern charities, and who understands the principles and accepted tenets of material relief and the readjustment of poverty. The nursing profession may often be well represented by the superintendent of a hospital—especially if such hospital be actively interested in social service work; or by some nurse who, because of family condition, or marriage, or lack of strength has given up the active practice of her profession, though still retaining her interest in the same.

It is sometimes found well to have the visiting nurse (if there is but one) or the superintendent of nurses, if there are many nurses on the staff, a member of the board. In this way the board is brought into very close touch with the actual work of the nurse and learns to understand accurately the needs and conditions of the people and the community, besides having the judgment and the experience of the nurse to help it in making decisions or working out new plans. The objection to this arrangement, however, is that the nurse, being in the employ of the board, as it were, and under its direction, cannot in the nature of things be fully one with it. She must always represent the other side. This makes it difficult for her to criticise the action of the board and makes it impossible for the board to discuss such questions as salaries, or the value or standards of the nursing work. It is imperative, however, that even if the nurse is not a member of the board she should, at each board meeting, make a full, clear and detailed report of her work, and that she should remain long enough to fully explain any proposition which she may wish to make, and to answer any questions that may be asked of her. This done, she may retire and the board take up its regular business. Discussion at a board meeting loses much of its value when the nurse is absent.

The time for private discussion in the board and apart from the nurse may very properly come at the beginning of every board meeting before the reading of the minutes. After this first period, the nurse should be invited to join the meeting and should remain through the whole of it, giving her personal experiences before votes are taken, making recommendations and in general keeping the action of the board practical and very closely related to the needs of the patients. Without her, policies tend to be formed on an academic or theoretical basis.

Members of a board of directors of a visiting nurse association are held responsible by the public for the work they direct, and should consider it one of their most important duties to inform themselves on all nursing and social matters. They should not only attend the board meetings with regularity, listen to the nurses' monthly report and read and inwardly digest the printed annual report (if there be one) of their own association; but they should inform themselves of the work of other associations and keep in close touch with the national organization; they should keep themselves posted as to the work of the other charitable organizations in their city and community; they should read books and pamphlets and magazines on the varied subjects of public health nursing, and should keep in touch with the modern trend of organized charity and social service. They should know how much or how little material relief the nurse should give—if there is any other organization giving material relief the nurse should give none; they should know what salary it is just to give the nurse in their employ and what should be expected of her in return. They should know the difference in value between the merely institutionally trained hospital graduate and a graduate nurse who has had post graduate social or public health nursing training; they should know where to conserve the energies of the nurse—where to concentrate and limit her service to a special district or field of work, and where to expand. They should know something of maternity nursing, school nursing, tuberculosis nursing,

baby nursing and factory nursing, and be ever on the alert to expand their work as opportunities present themselves. They must study all phases of Public Health Nursing in order to know how to grow and how best to meet the needs of the community; and they must know the requirements necessary in order to keep their work to the standard and efficiency demanded by the National Organization.

In Massachusetts they have formed a State Organization of the Directors of Visiting Nurse Associations, which not only unites and helps to standardize all the Public Health Nursing in the State, but also serves as a school for directors; for, as Miss Peabody, the President of this Association, so aptly says, "It is short-sighted to urge higher standards of work and education for the nurses unless the managers who employ the nurses are also educated to appreciate these standards and to further in every way the ideas which they represent." The purpose of this Committee, as outlined in its constitution is:

"To create and promote a common fellowship among those interested in Public Health Nursing; to share the knowledge gained through individual experience in various forms of administrative work; to encourage the formation of new organizations; and to promote membership in the National Organization for Public Health Nursing."

An extract from the first annual report presented by the Secretary will perhaps give a still clearer understanding of the benefits of such an organization of directors:

"The best result of our first year of existence is that we have come to know each other, and that we have learned that each is interested in the other's work and eager to acquire and give information about our common interest."

This learning to know each other, to discuss each other's problems, and to exchange experience in solving these common problems is perhaps the most important result obtained.

The organization has also established a card catalogue of

all the visiting nurse associations in Massachusetts, with the names of officers, number of nurses employed, variety of nursing done and record of the membership of these associations in the National Organization for Public Health Nursing, and the State Committee of Directors. Any visiting nurse association in Massachusetts can become a member of the State Committee upon payment of $1.00 a year. There are at present (1918) 120 visiting nurse associations in Massachusetts, 67 of which are members of the State Committee and 23 corporate members of the National Organization. This State Committee also has a subcommittee on Literature, which prepares and distributes lists of current publications on Public Health Nursing; another committee on Legislation, which reports bills on Public Health Nursing for study and action; and, finally, one on Publicity for the purpose of keeping continually before the public by means of newspaper articles the importance and possibilities of Public Health Nursing.

It is self-evident that such a state-wide organization will do much toward stimulating interest in Public Health Nursing, and by discussion and exchange of ideas will enlarge the outlook and increase the knowledge of the directors of local organizations.

Each member of a board is responsible to the public, whose representative he or she is, and this individual responsibility cannot be shifted on to the board as a whole. It is one's duty, therefore, as a member to attend meetings with as much regularity as possible; to keep oneself informed as to conditions both at home and abroad; to fit oneself so as to enter intelligently into all discussions pertaining to the work; and to vote according to one's personal and honest convictions.

As the work of an active trustee is often so strenuous that it cannot be carried on by the same individual for long at a time, and as voluntary workers must be subject to frequent interruptions and change, it is a wise precaution to fill up some of the yearly vacancies on a board by quite young and enthusiastic citizens, who will go into training, as it were,

and gradually learn the details and technicalities of the work so that, as the older and more experienced workers fall out, there will be trained and in readiness a new set to fill their places. In that way there is no danger of collapse to the work by the dropping out of some seasoned member, and the same general policy of the association can be pursued from year to year without interruption.

In associations where the board is large, or composed of both men and women many of whom cannot give their time for long, protracted meetings, it is often found necessary to have an Executive Committee, composed of officers and chairmen of committees, or heads of departments, who shall meet a day or two previous to the monthly board meeting, receive reports from all standing committees, take up any question needing long discussion, and sum up the whole in a general report and recommendation to the board to be acted upon by that body. This saves much time to the board, and as the committee has previously gone into all details of the various recommendations presented, it can reply quickly and briefly to any questions put by other members of the board, so that a thorough understanding of the matter may be had before the question is put to the vote.

The disadvantage of having an Executive Committee is that it tends to absorb to itself all the vital interest and activity in the work of the association, and the board meetings become, in consequence, dry and perfunctory. This form of government, therefore, should be resorted to only when absolutely necessary.

Every member of the board should, if possible, be on some one standing committee; the only exception to this rule being in the case of such prominent representatives of public or private interests as mentioned in the beginning, whose busy lives would not permit of active committee work, but whose presence on the board and whose advice on matters of policy or technical questions is of great value.

The National Organization for Public Health Nursing

recommends that "a committee be appointed on boards of directors for every department of administrative and nursing work." This would mean that, even in the smallest visiting nurse association, there should be at least three committees, namely, one on finance, or ways and means; one on nurses; and one on supplies. These three fundamental branches of the work offer three widely different fields of activity to the various members of the board, and it is important to so choose the members of a committee that each member shall be placed where his or her own peculiar abilities will be of the most service. One person may be admirably qualified to secure funds or to look after money investments, but would be totally incapable of attending to the details of the nursing work. Another may be especially well adapted to close work with the nurses and their problems, but would be entirely unable to manage a supply closet, or work out a system of supervision over the same. The best managed organization is usually the one that knows how best to utilize the varying gifts of its members and whose committeemen and officers are chosen because of their peculiar fitness for some especial piece of work.

Besides the three committees already mentioned, there may be others, such as Committees on Records, on Publicity, on Education, on Printing, on Dietetics, etc., etc., according to the amount of administrative detail undertaken by the organization.

It is well to start an organization with the three fundamental committees and to add the others from time to time, as the need and the growth of the work seem to demand. If the special forms of nursing, such as tuberculosis, maternity, etc., are all done by the one general district nurse or nurses, it is not necessary to have special committees in charge; but if any one field is taken up as a special branch, with special nurses for the work, it will be found advantageous to have subcommittees which can weigh and discuss the various special problems. By naming subcommittees, instead of standing committees on special

phases of nursing, and having these subcommittees report to the main Committee on Nursing, an organization is enabled to keep all the nursing work under the supervision of one head, which tends to correlate and unify all the branches. In a small association such branches as printing, records, uniforms, etc., are easily cared for by the Supply Committee, or the Nurses' Committee, or the board as a whole; but in a large association where new and varying printed material, for instance, is constantly in demand and where large quantities of the same are annually required, necessitating the getting of estimates from different printers, etc., it is better to have a special Printing Committee. Again, where the records are elaborate and numerous, requiring a special nurse or registrar to care for them, it is most desirable to have a standing committee whose sole duty it will be to see that these records are kept up-to-date and in the most scientific and systematic way possible, and with whom the registrar may consult concerning all questions pertaining to her special work.

The functions and duties of some of these committees are so varied and so important that we will take them up one by one further on.

Beside procuring sufficient funds to carry on the work of the organization; seeing that those funds are wisely and economically expended; and administering the affairs of the organization carefully and efficiently, through its committees, a board of directors has a fourth duty, namely, to see that an adequate and satisfactory report of the work and expenditure of the organization be rendered periodically to the public.

This annual report should not be omitted, for it is only through such a periodic accounting that the public can be kept informed as to the growth and effectiveness of the work accomplished, the state of the finances and the general business status of the work it is supporting. It may be merely a verbal report, given at the annual meeting and incorporated in the minutes of that meeting; but it is much

wiser to issue a printed report and mail to each individual who has donated money, material or assistance of any kind during the year. Naturally a person is interested in knowing what is being accomplished by an organization to which he has contributed support, and this interest is fostered and increased by an interesting and attractive report coming regularly at the end of each fiscal year. It is well, too, to have these reports more or less uniform each year, as they can then be more easily compared. It is interesting to find the per cent of expenditures in relation to the work done; the increase or decrease in the staff of nurses; the new work undertaken, or the reorganization of old work on a new basis.

The treasurer's report should be audited and a careful statement made of the financial condition of the organization; but it is unnecessary to give a detailed list of amounts given, with the names of contributors. Formerly it was thought that such a list was valuable as an inducement to people to contribute; this feeling was based on the supposition that people liked to see their names in print, liked to have their left hand know what their right was doing, and in some cases prompted a gift because the donor liked to see his name alongside the name of some citizen of prominence. However, public opinion has changed, and it is now considered not only unnecessary and extravagant to print page after page of donors, but it is found in many cases to act as a real handicap to the securing of small donations, which in their sum total make up a large proportion of the funds of all Public Health Nursing Associations.

The report as a whole should be gotten up in as economical and yet in as attractive a form as possible; it should be popular enough to interest the casual reader, with stories and simple relation of facts; but it should be technical enough to assure the intelligent director or supporter of the organization that the nursing work was being conducted along the highest standards and that the business was being managed on the best business principles.

CHAPTER VIII

COMMITTEE ON FINANCE

Probably the most important duty, though not the only duty, of a board of trustees is to secure financial support for the organization which it serves, and to see that the funds so secured are properly expended.

In a small visiting nurse association one committee can usually assume all the business connected with procuring and managing the moneys of the organization, but in a large association, where the funds collected and expended during the year run up into the thousands and tens of thousands of dollars, and where there are endowments and large gifts to be invested, it is usually found necessary to have two or even three, i. e., a Committee on Finance, which shall have oversight and control of all funds and financial matters; a Committee on Investments, which shall assume the responsibility of investing advantageously the sums of money given from time to time to the organization; and, finally, a Committee on Ways and Means, which shall assume the responsibility of securing from the public sufficient financial support to carry on the work of the organization.

The functions of the first two committees are of a purely business nature and they can, therefore, be dismissed with a word. Their members should be chosen from among business men and women of the very highest standing, and the best business methods should be applied to the management and investment of the public funds intrusted to their care. Beyond that, no special advice or suggestion is necessary.

It is different, however, in the case of a Ways and Means

Committee. Its business is to secure money to carry on a work which is in reality the business of the whole community, and while business methods must be applied, nevertheless, the underlying principles upon which the work is based are not the same as those which govern a business run for profit. For instance, the assets of a philanthropic organization are not so much the money or securities in hand, as the value of the work accomplished, therefore the organization that can show the best per cent of work from its income is looked upon as the strongest by the public. Again, it is bad policy to have a large balance on hand at the end of the year, as the inference is either that there was not need of the large amount of money contributed, or else that the organization had not been sufficiently active in developing and extending its work.

The various kinds of financial support for a visiting nurse association may be enumerated as follows:

1. Endowed, or Memorial Nurses.
2. Nurses supported by one individual; by churches; by societies.
3. Nurses paid for by contract with factories, shops or other organizations.
4. Metropolitan Nurses—those whose work is paid for by the Metropolitan Life Insurance Company.
5. Municipal, or City Nurses.
6. General financial support, secured from:
   (a) Card parties, bazaars, etc.
   (b) "Tag Days," "Donation Days," etc.
   (c) Payments by patients.
   (d) General contributions.

Endowed or memorial nurses are those whose salaries are guaranteed by the interest from some endowment. This is, of course, a very safe support, and a few endowed nurses add stability to any association; if, however, all the nurses were endowed, active interest in the organization would languish, for it is a strange characteristic of human nature that in order to be keenly interested in any undertaking one must needs work for it.

Nurses supported by one or more individuals, or by churches or societies are not quite so secure; the salary may be given for one year, or for two or three, and then dropped, and the Ways and Means Committee be forced to secure the salary in some other way, or else give up the nurse thus supported. When one person contributes the entire salary of the nurse there is almost sure to be a feeling of proprietorship in the work; when a man—or a woman—furnishes all or most of the funds he is apt to feel that he should control the situation. The other directors of the work—if there are others—defer to his wishes, even when these wishes are not based on the best principles; the nurse hesitates to express herself freely and feels hampered in her work; and the community at large lacks interest in the undertaking, because, knowing it is a private philanthropy and already supported, there is no need of its help.

Instances have been known where Public Health Nursing has been practically killed by being in the hands of one wealthy member of the community—suffocated by kindness, as it were.

Sometimes, however, it is found very difficult to finance the work for the first six months or year. In such a case it is fortunate if an individual can be found willing to guarantee the salary of the nurse for a limited length of time; but it should be given as a guarantee, rather than as a gift, and the public should be made to feel that unless it responds the gift or guarantee will not be renewed. If the public contributes, not only does it make just so much more income and make possible just so much more work, but it increases the interest, it educates the public, and it places the work where it should be as a community undertaking.

A church or society will often pay a part or the whole of a salary of a visiting nurse, either for general district nursing in the community, or for a mere restricted work among a group of people for when it holds itself partially responsible. This last is unwise. As we have already pointed out, it is not well to identify the work of the Public Health Nurse with

any one particular church. The work of the nurse should be nonsectarian. For that reason the money contributed by a church should go into a general treasury, and the work made possible therefrom be for the whole community of which the church forms a part.

Contract nurses are paid for in a regular business way, either by so much per year, estimated by a year's salary; or so much per nursing visit; the general rules and regulations of the visiting nurse association being observed by the nurses, who are considered as members of the staff, but whose entire time and service are at the disposition of the factory, firm or society who pays their salary. The great advantage is that by contracting with a visiting nurse association for the nurse, instead of employing one independently, the unity and standard of service for the whole city is assured and duplication of work avoided.

Metropolitan nurses are paid for by the Metropolitan Life Insurance Company, for the care of their small industrial policy holders. The Company may pay the entire salary of a nurse to do only their work, or, as is usually the case, may pay a certain price per visit made, and the work be carried on by any of the district nurses. As many of the patients thus cared for would be eligible for the visiting nurse care in any case, association with the Metropolitan Life Insurance Company is of material assistance to any visiting nurse association, besides, as in the case of other contract nurses, preserving the unity of the nursing service in the community.

Municipal nurses are those salaried by the city. When there is no well-organized Bureau of Public Health Nursing in the city's health department, and yet when a few nurses are employed by the city, either in groups, for tuberculosis, contagious diseases, baby work, etc., or in general work for specific reasons, it is most valuable to have them placed on the staff of the local visiting nurse association, even when financed by the city. By so doing, the work is correlated to the rest of the Public Health Nursing and duplication and confusion avoided.

Finally we come to the general financial support, which may be secured in many different ways and which may be applied to any need of the organization.

It is generally considered that bazaars are not profitable, because the percentage of returns is too small in proportion to the investment to make them legitimate from a business point of view. It is a business axiom that unless the returns from an investment reach a certain per cent the investment is not a legitimate one.

The great objection to "Tag Days," card parties, etc., lies in the fact that they are spasmodic efforts only, and not steady, reliable sources of income.

A regular "Donation Day" is a little different from a "Tag Day," its chief recommendation being that many people are willing to give small amounts of 25 or 50 cents in this way, and the mere fact of giving something stimulates interest in those who give even the smallest sums. A house to house canvas is sometimes successful, though it is not usually advisable to repeat them year after year. A very successful one was conducted in Boston a few years ago which cost the association only $150.00 and resulted in subscriptions to the amount of $12,000.00, most of which were renewed the following and subsequent years.

Payment from patients is a most legitimate source of support and in many places forms a good portion of the income. Nurses should always endeavor to procure a fee whenever at all possible, so that the people may expect and desire to pay for the nurse, as they do for the doctor, according to their means.

All these various sources of financial support have been casually mentioned, as coming under the broad direction of a Ways and Means Committee; but the main work of such a committee really consists in the securing of individual subscriptions, and the inaugurating and maintaining some business method or system by which these subscriptions may be definitely counted on from year to year and not allowed to lapse. Many donations of small sums afford a safer basis

for an organization than the munificence of a few, and a Ways and Means Committee should consider it one of its principal duties constantly to secure new subscribers, both large and small, and to work out a scheme for retaining the subscribers when once secured.

The financial support of a philanthropic organization secured through its general contributors and subscribers should not be regarded as a chance or sporadic undertaking; it should be looked upon from the first as a systematic effort, controlled by certain laws of effort and result. A certain number of subscribers should be taken as a basis, and the budget which these subscribers are willing to assume should be clearly outlined.

Every year some contributors will be lost, from one cause or another, and every association ought to determine just what its proportion of loss usually is. This percentage of loss should be a certain, not a fluctuating factor, and by it the success or failure of the methods of the organization, from a business standpoint, can be largely measured.

It is the business of the Ways and Means Committee to devise ways and means of making good this loss. At least every three months a regular report of the percentage of delinquent subscribers should be presented to the committee together with the treasurer's report. This percentage should not exceed 25%, and 15% is a good figure to set. The action of the Ways and Means Committee should be taken in accord with the percentage of loss reported, and with regard to the budget of expense which the association has assumed.

There must be an absolute routine with both old and new subscribers, and this regular business proceeding should be an organic part of the association. Certain form letters should be authorized by the committee and kept always ready to send out at the time the subscription falls due. When the first letter is not successful, a second one should be sent after a stated interval. When the second letter has been sent and there is still no return, the delinquent list should be carefully gone over by the committee or trustees and the names di-

vided among certain suitable people, who can either write personal letters, make personal calls, or make a telephone application to regain the lost subscription. The latter means of persuasion should be used with caution, as an injudicious telephone call may do more harm than good. A little experience will usually serve to point out some one person as especially successful in one or other of these directions, although any personal application will have to be regulated somewhat by the circumstances of the case, and the fact that certain people will have particular influence in certain directions. It should be remembered that there is a reason for things going wrong, and if the percentage of loss is unsatisfactory the cause should be looked for in defective letters—want of method and regularity in sending out the letters—the wrong person at the telephone—want of tact or judgment in personal letters or interviews.

A point to remember in the renewal of old subscriptions is that they should always be made consecutive and not be allowed to lapse for a few weeks, or months. A subscriber who paid originally in January and whose renewal notice has been sent in on the 31st of December may not remit until February or March; but the subscription should still be recorded as of the original date, and the next renewal note sent in the following December. In some associations it is a practice to date each subscription from the time of its payment and send in the renewal as of the last date recorded; but it is easy to see that by this means a considerable loss would in time ensue from contributers who were not always quite prompt in their payments.

It will generally be found that the summer months are the poorest in actual receipts, because many people are away at that time. An extra effort should therefore be made in the spring months to forestall the leanness of the summer receipts. The month of an association's organization will usually continue to be the one in which the largest receipts are taken, also the recurring day of any special effort.

The percentage of loss from delinquent subscribers must

be made good from new material. It should not be very difficult to secure new subscribers, merely as a matter of routine. Lists should be obtained of various classes of people —such as social lists; automobile owners; club members; members of Chamber of Commerce; guarantors of concerts; singers' clubs; church members, etc., and circular letters sent. These letters should be carefully gotten up, should be brief, clear and written so as to arouse the reader's interest.

It avoids much confusion and duplication of effort if a file is kept of the names and addresses of all those to whom application for subscriptions has been made. The various lists of possible subscribers will, of course, duplicate many names and when a new list is procured the names should be carefully compared with the file and duplicate names struck out, as it is not only a waste of time and effort to send the same application several times to one person, because his or her name happens to be on several lists, but it is annoying to the person addressed, and tends to give the idea that the association thus soliciting support is wanting in business method. The smallest cards may be used for this file, and each card should show the home and business address, what means have been taken to solicit help—such as sending the first or second form letter (which may be shown by notation "letter A," or "letter B"), personal letter, telephone call, etc.—and any other useful information. When a person listed on this address file becomes a subscriber the name can be transferred to the regular subscriber's file. In this way all figures can be obtained from the address file, such as what percentage of persons receiving letter A have become subscribers; to what percentage it has been necessary to use further means of persuasion; what proportion of failures must be recorded, etc.

It should be remembered that a good business is always very much alive, and a philanthropic organization must use business methods in its financial efforts if it is to be successful. The duty of the Ways and Means Committee is not merely to send out a notice to subscribers when their sub-

scriptions are due and, that effort failing, regard the delinquents as hopelessly lost; it should pass systematically from one attempt to another, remembering always that it is dealing with "live" people and a "live" business, not a lot of dead or burnt-out material. It is the constant, sustained effort which counts. Three or four thousand dollars cannot be raised in a minute, and too many unusual appeals are bad. Regular subscriptions can be relied upon and enable an organization to make its plans ahead; otherwise it is in the position of having to ask a favor all the time. It is not awkward to carry out a routine and to ask for a subscription at a time when it may rightfully be expected; but one of the strongest objections to "whirlwind campaigns" is that they place the associations making use of them in the position of a mendicant—people give, but with a feeling of resentment and they are hardly likely to give a second time. Generally, when an organization finds itself under the necessity of making such an appeal it is really making a confession of lack of fidelity or ability on the part of its workers or a want of foresight in their plans. What business concern would enter upon its year's work without any definite conception of relationship between its income and expenditure? Any business firm so doing would go bankrupt. And what right have organizations to conduct their affairs along lines which would not be considered honorable in an individual? Or to impose upon the public the necessity of rescuing them from the results of their unintelligent mismanagement and irresponsibility?

The kind of an appeal which is made from such an atmosphere must cause the organization using it to lose a certain amount of dignity and respect; any letter written under such circumstances would excite contempt rather than sympathy. It is depressing for the members of the organization, and something of this atmosphere of helpless need is bound to reach the man at the other end.

The old-fashioned method of having the beggar call at your door, giving him something and sending him on his

way rejoicing has disappeared. Appeals to the public should not be made with these old-fashioned tactics—they must be made on other grounds—the grounds of interest in the practical and necessary work of an organization which asks the support of the public as a right, because it is doing the public's work and, as its trustees, employing its money with the highest degree of efficiency. It is the realization of this fact and the creation of a willing, helpful interest in the people who ought to give that counts, and will count still more in the end.

CHAPTER IX

COMMITTEE ON NURSES

As the nursing service of an organization employing public health nurses is the work for which it is primarily responsible to the public, and as it is by the quality and effectiveness of this service that the whole organization is judged, it is essential that those having particular charge over this part of the work should be most carefully selected.

The Committee on Nurses is probably the most important of all the committees, and for that reason its personnel should be chosen with the greatest care. The most intimate, personal and technical questions come before it for consideration, and its members should, therefore, be tactful, considerate and intelligent. The chairman should, if possible, be someone who has had experience in the work—for a novice would find it almost impossible to even understand the problems brought up for solution; she should have a general, comprehensive knowledge of the standards of the nursing profession, so as to weigh with intelligence the eligibility of applicants for positions on the staff, and be able to judge fairly of the work done by those already employed. She should know the community in which she lives, in order to recognize whether the nursing service is in any way adequate to the needs; and she should know the districts in which the nurses work, so as to understand their problems and difficulties. Above all, she should be thoroughly interested in the actual work of the nurse, as well as in sympathy with the nurses themselves, and must work harmoniously with the superintendent of nurses. There are many questions of policy and procedure constantly arising which the superintendent must discuss in private

with the chairman before they are actually taken up by the committee; and frequent emergency decisions to be made which the superintendent would hesitate to make without first conferring with her chairman.

The Committee should not be too large; many of the problems discussed are of too personal a nature to be taken up by a large number of people—from three to five members are, in my opinion, a sufficient number. Of course the President of the organization is a member ex officio, and it is absolutely necessary that the superintendent of nurses (or the nurse, if there be but one) should be a member of the Committee and should be present at all meetings; for even in an old and experienced organization there are many questions of purely technical or professional nature which none but the nurse in close touch with the situation could pretend to answer. In all that follows, therefore, it will be understood that not only is the nurse a member of the Committee, but that her suggestions and advice will always be considered as having extraordinary weight and value; for just as soon as a Committee feels that it cannot consider as valuable the judgment of its nurse, just so soon may it be convinced that that particular nurse is not the one it needs. Either the work has outgrown the capability of that especial nurse to direct; or she has not the force to carry her Committee to a wider outlook for the work; or in some way she has failed to retain the confidence of her Committee in the value of her judgment, and they can no longer work together advantageously.

The first and probably most important function of a Committee on Nursing is to procure the nurses. In some cities, as in Cleveland, there is a Central Committee whose duty it is to receive all applications for positions in public health nursing in that city, pass upon the eligibility of the applicant, and place her according to need or experience on the various staffs doing public health nursing. In most places, however, there is no such Central Committee or Council, and the duty of procuring properly qualified nurses

falls to the Committee on Nurses. When only one or two nurses are employed this function is only occasionally exercised; but when there is a varying number of nurses on a staff there is constant change, and it is important to have a standing committee that shall be sufficiently well informed on the question to pass intelligently as to the qualifications necessary in the new nurses taken from time to time on the staff. The most important thing to be remembered is that these nurses must come up to the standard required by the National Organization.

For a new organization just starting public health nursing it is essential for the good of the work that a nurse be engaged who is not only a graduate of a well-recognized training school, but who is already experienced in visiting nurse work and, if possible, one who has taken a postgraduate course in public health nursing, or who has at least had several years of experience in some well-organized association under the guidance of a superintendent of standing. By employing such a nurse the work will be started in the right way, and many future complications avoided. The best and safest way in which to procure such a nurse is to apply to the central office of the National Organization for Public Health Nursing. In that way a thoroughly reliable and properly qualified nurse will always be assured. Sometimes, however, a near-by visiting nurse association can render assistance in finding the right nurse, or, if it has a large staff of its own, can even furnish the nurse from among its own number. Another safe way to secure a good nurse is to apply to one of the centers where courses in postgraduate nursing are given—such as Columbia University, Simmons College, Western Reserve University, etc., etc. Such a nurse will naturally command a rather high salary; but it is better to wait until an adequate salary is forthcoming and then to start the work in a manner that will commend itself to the public, than to attempt to start with a poorly equipped nurse and later find oneself in a very quagmire of difficulties.

If a good nurse of experience is engaged by a new organiza-

tion, the Committee on Nurses will do well to defer almost entirely, at first, to the judgment and recommendations of the nurse; for it is self-evident that such a nurse will be much better qualified to judge and recommend on technical matters than any committee of inexperienced townsfolk. On the other hand, the members of the Committee must not fall into the lazy habit of placing all responsibility upon the shoulders of the nurse, for no person is infallible in judgment, and the combined judgment and counsel of a well-informed, intelligent and varied committee, reinforced by the technical knowledge and experience of the nurse, must be more valuable than the judgment of any one individual.

The function of procuring nurses includes the reading of applications, investigation of credentials, and the final acceptance or rejection of applicants. The application usually comes first to the nurse in charge, and may have been unsolicited, or may be in response to some tentative request or advertisement put out by the nurse or the committee. Before the application can be considered it is necessary to have certain information in regard to the applicant, and this the committee must procure. It is well to have a standard letter always ready, containing the essential questions regarding qualifications and such information as the applicant would be likely to desire, so that it is only necessary to have a copy of the letter made and mailed at once—thus saving much time, trouble and thought.

The main points of information required in regard to a nurse seeking a position as a public health nurse are:

1. From what hospital did you graduate, and when?
2. What professional experience have you had since leaving the training school?
3. Have you had any training or experience in organized charity or public health nursing?
4. What is your age, nationality, religion, and condition of health?
5. What references can you give as to character and professional ability? (The Superintendent of Nurses of your training school and two other persons, not relatives, may be named.)

The professional standing of a nurse can always be ascertained if the name of her hospital and date of graduation is known. A pamphlet has recently been published giving a list of all the training schools in the country whose graduates come up to the standing required by the National Organization for Public Health Nursing; this pamphlet can be procured from the main office, New York City.

The answers to the second and third questions will give a somewhat general idea of the applicant's experience as a nurse and whether or not she is experienced enough in social work to fill the position required. If she is to work alone it is absolutely necessary, as already said, that she should have had some previous training in public health nursing; if she is to work under the direction of an experienced superintendent the point may be waived, if she is otherwise eligible.

The fourth question is asked in order to learn the general qualifications and fitness, strength, health, etc., of the applicant for the work; and the last question enables one to procure outside information as to personal character and professional ability.

A personal interview with the applicant is always advisable when that is in any way possible; letters may seem flawless, and yet at times they are quite misleading.

After all the data is received the whole question is discussed by the committee and the decision given as to whether or not the applicant is to be accepted.

If she is accepted for work under a superintendent she is usually taken on probation for two or three months at a certain salary, and when finally taken on the staff given an increased salary, according to the schedule in use. When the applicant is already experienced, however, or when she is to assume at once direction and control of work she is accepted without probation and given from the start the salary which the position commands.

The second question of importance with which the Committee on Nurses has to deal is the question of salaries. In order to get good work one must be willing to pay a good

salary, for the laborer is worthy of his hire, and the unprofessional committeeman must remember that years of study and preparation have been required in order to fit the nurse for the position she is to fill; especially is this the case concerning the position of a public health nurse, for we now not only require the full hospital training of a first class training school, but, whenever possible, the postgraduate work. Moreover, the special ability and high intelligence which so much of the public health nursing requires mean that public health nurses are being drawn from the very cream of the nursing profession. We must, then, be prepared to pay adequate salaries. We cannot lay down definite rules as to what these salaries should be, as that must be governed greatly by local conditions, the kind of work required, the cost of living in the community where the work is to be carried on, and the experience and ability of the nurse in question, as well as on the scale of salaries throughout the country. In general, however, we should say that a careful estimate should be made as to what the ordinary living expenses of the nurse would be in that locality, and then place the salary at such a figure as to give her a sufficient surplus as to guarantee her interest and safeguard her future. Moreover, there should be, as Mr. Waterman says, "Suitable reward for efficiency," which means that a salary should be increased where efficient service rendered seems to warrant it.

The general *Rules and Regulations* governing the nurse, or nurses, should also be drawn up by the Committee on Nurses and passed upon by the Board. These rules will differ somewhat in different communities, but the following general rules are accepted by nearly all associations of standing:

1. Nurses should have had at least two years' training in a general hospital of at least 50 beds, including obstetrical training.
2. Each nurse is given one month's vacation on full pay after one year's service and is expected to use this time for rest and recuperation.
3. Nurses are permitted to respond to all new calls, but are not permitted to continue on a case unless a physician is in attendance.

4. Nurses are subject to the authority of the physician in care of the case and are expected to observe professional etiquette.

5. Nurses are expected not only to give bedside care, but to teach cleanliness, hygiene, to instruct the family in the proper care of the sick and to prevent the spread of disease.

6. The nurse is expected to coöperate with all charity workers in her community.

7. The nurse is not expected to make Sunday visits, except in extreme cases.

Perhaps the most interesting, because the most human duty of a Nurse's Committee is the listening to the nurse's report of the actual nursing work and the discussion of nursing problems. The nurse, whether she be the superintendent summing up all the various branches of work done by the nurses under her supervision; or whether she be the only nurse on the staff, who herself is doing the work she reports, should bring to each regular meeting of the Committee a written report of the general work in the field and of any special work of individual nurses. These reports must be more or less confidential, for they should contain not only a brief survey of the work as a whole, with here and there reports of special cases to illustrate some special need or problem; but they should also contain an account of how the work is being done by each nurse, so that the Committee may be informed as to the quality of work done by each nurse on the staff, and may feel qualified and at liberty to discuss the ability and value of any nurse in its employ. By listening to these reports month after month and by discussing with the nurse all the details they contain, a Committee becomes well acquainted with the problems presented to the nurse in the field; it knows the history and need of many of its most interesting and complex cases: and it learns to know and appreciate the fine work and unselfish devotion of its tried and true nurses, as well as to perceive where a nurse may fail in one field, though do satisfactory work in another.

Such an intimate knowledge of the nurse and her work, and the mutual sympathy and understanding which it engenders

is only possible where a Committee is set apart to consider with the nurse all her problems, and to whom the nurse may at all times turn for special instruction or advice, knowing that she will find not only sympathy and understanding, but will receive intelligent counsel in her need. The benefits of such close coöperation between the nursing force and the administrative force cannot be too strongly emphasized.

There are many other questions that come before a Committee on Nurses for discussion, such as uniforms, vacations, adjustments in case of illness, recognition of and advancement for special efficiency, etc. Moreover, when there are special branches of the nursing work, such as tuberculosis, infant welfare, school, pay service, etc., even though there be special subcommittees working out the details of the same, the general Committee on Nurses must be intelligently informed as to the work and able to make decisions and recommendations in regard to it, in connection with the general work of the organization.

The Committee on Nurses should have oversight over all the work being done by any of its nurses, should make all recommendations to the Board (presenting reports from subcommittees, when necessary); and being intrusted with so great a responsibility, its members should be appointed with the greatest care and thought.

CHAPTER X

THE SUPPLY COMMITTEE

The supply closet of a visiting nurse association should contain all the articles required by a nurse in her work—surgical dressings, obstetrical pads, gauze sponges, and such few drugs as are constantly used, such as camphorated oil, liniments, disinfectants, etc.; other drugs, if they are necessary, should be supplied as they are required and on the order of the physician. The cupboard should also contain thermometers and all surgical instruments needed, and such sick room articles as hot water bags, bed pans, air cushions, etc., as well as a generous supply of sheets, pillow cases, night clothes, and other garments. All linen articles should be marked "Visiting Nurse Association" in indelible ink. In special cases it is sometimes necessary to give these latter articles, but as a general rule they are only loaned. When articles are loaned it is necessary to keep a careful watch that they are not lost; baby outfits are given outright when actually needed, and there is constant need of replenishing.

A word in regard to the giving of material relief may not be out of place here. Of course the National Organization stands very decidedly against the giving of material relief by the nurse. It desires as far as possible to disassociate the service of the Public Health Nurse from charity. Those interested in Public Health Nursing are trying earnestly to educate the public to a realization that the Public Health Nursing service, like the service of the physician, or the hospital, is something to be paid for if possible, although as with medical clinics, hospitals, etc., which are partially subsidized by gifts, fees, taxation, insurance, etc., it is

possible to give this service free to the needy portion of the population, and that therefore no one need go without the service even if he is unable to pay. Now the minute the giving of material relief is added it becomes a very different kind of service. It becomes by this act charity, and the self-respecting, independent citizen hesitates to accept it. Moreover, a certain portion of the chronic beggars (if one might so name them), will call upon the nurse for the very reason that they think they will receive material relief. Furthermore, the nurse has seldom been trained sufficiently in the practice of relief giving to enable her to act with the same judgment in the matter as those whose training has especially fitted them for that work. A nurse (even a socially trained one) is very likely to let her heart run away with her head. And that is very natural, for when there is illness, especially where there is poverty too, it seems as though any help is perfectly legitimate—one does not want to wait to see whether the family can afford to buy the needed things. Food, clothing, extra comforts, etc., seem essential, and one wants to give them at once; and well it is that the human heart does respond and want to help. It would be a sad day for humanity if sorrow and suffering and want did not appeal to us. Nevertheless, one must realize that in some cases this very kindness and generosity would really work harm and not good. As Miss Byington said in the *Public Health Nurse Quarterly* (January, 1917):

"Sometimes, as in the case of the sickness of the breadwinner, adequate and continuous material relief may be the most important element in restoring the family to normal living. Sometimes, as in the case of a non-supporting husband, the giving of material relief, relieving him of the consequences of his evil doing, may result in a still further breadkown. Sometimes it is necessary for social, as it is for medical workers, to see the individual suffer, because out of that suffering will come eventual recovery."

When we once realize this fundamental proposition then we will realize that promiscuous giving is not good for a community that it injures a community as it injures an in-

dividual and that the only way to avoid it is to leave the giving of material relief to those agencies whose business it is not only to dispense relief, but to find out the underlying causes of the distress and, if possible, to apply social remedies for their cure.

All this, however, applied to towns where there is already some kind of a charity organization established. It is quite a different matter in small places or rural districts where there is no charity or relief giving agency to whom the nurse may turn. Then, indeed, it would seem as though she must give material relief, or let the patients actually suffer. If there is no agency or no social agent it would seem as if the socially trained nurse were the proper person to do it, as though she had a much better idea of the principles of relief giving than anyone else, and as though she could easily combine the work of a social agent with her work as a nurse. And that is really what makes it so hard; it would be easy to combine the two, and in many cases it would be pleasant as well, but it would not be right and would do harm to her legitimate work, namely, Public Health Nursing in the entire community.

This problem has been very thoroughly gone into by the National Organization, and the general feeling now is that when relief giving is regarded by the Public Health Nurse as an indispensable part of her service to a community she should organize a committee, apart from the organization under whom she serves as a Public Health Nurse, to whom she can refer the case needing relief. Even if this relief committee is composed of people who have had little experience with modern social service or the principles of relief giving, it is better than to combine it with the work of the nurse; and with an open mind and with all the literature on the subject now on hand it should not be difficult to convert in a comparatively short time the novices into a fairly well-organized group doing its work properly.

With this little digression, let us return to the supply closet proper.

Drugs, etc., are expensive and in order to buy them at as reasonable a price as possible, and yet to be sure of getting only good quality, care and thought are necessary. Moreover, the ideal closet should contain all supplies required for three months ahead, for in illness no time can be lost and if a nurse has not the necessary supplies at hand she is greatly hampered in her work.

The care and supervision of such a closet requires much work and thought and it is well to have a special committee in charge, although where there is only one nurse in the field and the amount of supplies used is comparatively small, one member may take the place of a committee in purchasing and having general oversight of the work, while the whole board takes part in the making of bandages, dressings, baby outfits and other garments. There are many people who take particular pleasure in doing some work with their hands and seem to feel that only in that way can they help a charity—it is perhaps a survival of the old-time missionary sewing circle. For such people the making of supplies for the closet is a great boon, and it is well to keep the work for them and not use the time of such members as are willing or capable of doing less homely and sociable work—as, for instance, the supervision of records, or the responsibility of securing funds.

In large associations, however, it is absolutely necessary to have a special committee in charge of the closet, and in some cases it has even been found advisable to have a large auxiliary in charge, only the chairman of which may, perhaps, be a member of the board.

The Chairman of the supply committee should be carefully chosen, for it is a very important position. She should be a person with some business ability, but with a good deal of leisure, for there is a great deal of work entailed which takes time and which cannot be put off, for the nurse must have supplies or she cannot work. I know of one place where the chairman of the supply committee is a busy physician; of course he has not the time to attend to

the details of such a committee. If a board feels that it wants a physician as a nominal chairman in order to have a competent head to O. K. the purchase of medical supplies, etc., it should have also an active chairman, or vice-chairman, to carry out the details and routine work.

The functions of a supply committee may be listed as:

Purchasing.
Sewing.
Inspecting, and
Inventory taking.

Each division should be in charge of a subcommittee or one special member.

Purchasing.—Certain supplies in constant use may be ordered by the nurse or office secretary, i. e., routine articles, whose price and amount necessary for use have already been determined and O. K.'d by the committee; but it should be the duty of the chairman of the committee to O. K. all special orders, and to pass upon and O. K. all new supplies to be purchased. It should also be the chairman's duty to find out the best place to purchase supplies; to go over all bills and check them up with the price list, and to O. K. bills with the order book. Also, if prices go up, as they have recently, a chairman should be on the outlook for possible substitutes. For instance, most visiting nurses have always used green soap for washing thermometers, etc.; they now use ivory soap, and a laboratory test has shown that they are just as medically clean when washed with the latter soap as with the former.

Certain articles used in large quantities may often be bought at wholesale, or even at contract prices. It is also very helpful to correspond with various associations all over the country with regard to cost of supplies, as by this means it is often possible to obtain more economical rates. The cost of gauze, when purchased at wholesale, may be given at $2.70 per 100 yards. It may be bought in 5,000 yd. lengths. Absorbent cotton costs 25 c. per lb.; common

cotton 18 c. per roll (80 rolls to a case); unbleached muslin 15 c. per yd. These figures show a great saving from retail prices. The average number of pads which can be made from one roll of common cotton is 42; from absorbent cotton 72. Large quantities of pins are required, and dressmakers' pins may be purchased for 95 c. per lb.

Experience is the best teacher in the matter of purchasing wisely and economically, and all valuable knowledge on the subject gained by a chairman while in office should be noted down in such a way that others following her may profit by her experience.

The purchasing committee should keep very accurate account of the amount of supplies purchased during the year and the prices given, and should keep all price lists for comparison. New price lists should be gotten from time to time, as prices change.

Sewing.—Under this caption may be included the making of pads, bandages, gauze sponges, etc., as well as night clothes, baby outfits, nurse aprons and other plain sewing.

Each member of the committee should be thoroughly instructed as to the proper making of pads and sponges and rolling bandages. The nurse can usually give this instruction in the first instance, but should not be called upon after having once thoroughly instructed one or two lay members. It is an excellent plan if some printing machine company will cut the gauze into the required lengths. Their machines do the work in a very brief time, whereas it is a long work to do it by hand. The chairman, or some other member of the committee, should be present at the cutting, however, to see that it is done properly and in good time for use.

Much help in obtaining certain kinds of supplies may be obtained from churches, women's clubs, sewing societies, etc. Babies' clothes and outfits especially are often given. It is well for the chairman of the committee to make plans for help of this kind during the summer. The various clubs, etc., may be approached and asked to promise their help,

either in material, or offers of work, sewing, etc. Then when winter commences no time is lost in beginning; sewing may be given out, gauze for sponges, etc. Help may often be obtained from Old Ladies' Homes; the inmates of these institutions are often delighted to help with what sewing or needlework they can; and it is much appreciated if some member of the committee visits at the meetings from time to time and entertains the workers. An occasional visit from the nurse (in uniform) also stimulates interest. It is also a very good plan to ask hotel housekeepers to send old clothes, linen, etc., left by guests; it is remarkable how many articles are left behind in this way, especially nightgowns and pajamas. People should be encouraged to send donations, whenever possible, directly to the head office rather than to substations, as the latter only complicates bookkeeping.

Articles such as pads, sponges, etc., requiring sterilizing are usually sterilized at a hospital; or the association may purchase its own sterilizing equipment, if the work is extensive enough to warrant the outlay. Material for pads and sponges may be given out to the various sewing societies to be made, and when returned may be kept in the main supply closet until requisitioned; they may then be sterilized and used as required. The sterilizing is usually done at a stated time, and the nurse must look ahead and estimate how many sponges, pad, etc., may be needed before the next time. It is better always to keep an ample supply on hand.

A Donation Book should be kept to record all gifts, other than money, and a postal of thanks be mailed immediately upon receipt of any article.

Inspecting.—The duties of the inspection committee consist in comparing the articles in the closet with the nurses' receipts, in verifying all lists, and in finding out just where supplies are. It is also the inspector's duty to see that the closet is kept clean and in proper order, and to make sure that linen, aprons, etc., are returned from the laundry and that loaned articles are returned when done with. The nurse

should keep her own record book, noting down the amounts received and articles loaned or given, and should inspect her own book once a month.

In a large association where there is a main office with a large supply closet, and several substations, each with its smaller closet, it is necessary to keep the main closet well stocked with a sufficient quantity of all supplies to fill the requisitions of the nurses from the substations. These requisitions should be sent in once a week, and it is the duty of the nurse to look ahead and send in for such supplies as are exhausted or that she expects to need. The requisitions can be mailed to the head office and should be received on a certain day. It is well to have a little requisition slip printed for the purpose. As soon as the requisition is received it is filed, or entered in a requisition book. The next day the orders are filled, done up in packages, and entered in a second book as filled. The following day all the articles may be delivered to the nurses. In the case of a large association, or great distances, where the nurse cannot get her own package, a boy may be engaged to deliver at a small cost. It is well to divide this work into three days, as that usually assures all the requisitions being filled when the nurse or boy calls for distribution.

Care should be used by the nurse in stating the amount of stuff required—it is not sufficient to requisition merely pads, gauze sponges, disinfectants, etc.—the exact quantity should always be stated. On receipt of the supplies the nurse should enter them in her supply book as having been received from the head office. Thus, when an inventory is taken, the books of the head office and the nurse's book should check each other.

Inventory taking.—It is essential to take an inventory of all supplies at least once a year. All articles should then be checked up with the various books and an exact inventory taken. In this connection, much time is saved if all supply and record books used by nurses and office are marked with the same name and kept according to the same system;

much confusion may be caused if one nurse calls her supply book "record book," another has a different name, etc. It is important that the person taking the inventory should know the names of the different instruments, so that should the nurse be called away during the inventory taking confusion may not arise. It is also very useful to be able to judge accurately the contents of a bottle, or weight of goods.

When an inventory is to be taken, nurses who are out should be asked to leave an accurate list of the contents of their bags. A very careful, accurate account should be kept of all supplies purchased during the year, and the quantities used, and nurses should be urged to use economy with all supplies. Nurses who have never before done district work, and who are accustomed to a more generous supply of articles in hospitals or in private nursing may not at first realize the great need of economy in charity work; and while it should be made very clear that all necessary supplies will be gladly furnished, it should be made equally clear that all extravagance will be strongly disapproved.

The nurses and inspectors in charge of the stations should be careful not to let useless supplies accumulate in the station closets. All articles (such as crutches, bed pans, hot water bags, etc.) over and above the usual quota allowed to each substation should be returned as promptly as possible to the head office when they have been returned by the patients to the various stations; the return and receipt of the articles being carefully recorded at station and head office.

The following is a list of useful headings for the supply book:

Names of nurses in charge of substation: Date of taking charge.
Ideal list of supplies for three months.
Dated copy of annual inventory.
Dated list of articles on hand.
Dated list of articles donated (from sources other than the head office).
Dated list of articles received from head office.
Dated list of articles returned to head office.

Dated list of articles loaned to patients.
Dated list of articles returned by patients.
Dated list of articles given away to patients.
Dated list of articles in laundry.
Dated list of articles destroyed.
Dated list of articles unaccounted for.

Careful note should be made of addresses of patients to whom articles have been loaned.

The following statistics and lists may be found of value in caring for or fitting up a supply closet:

CONVENIENT STATISTICS

Packages. Five separate sponges are rolled in one "sponge package." Five separate pads are rolled in one "pad package."

Muslin. (When torn in three strips.) One 43 yd. bolt of unbleached muslin (1 yd. wide) ("Hermit Brown") makes 294 sponge package covers, and 103 pad package covers. Sponge covers are 10½ in. square. Pad covers are 15 in. square. (Muslin covers can be washed.)

Gauze. (When cut in two lengthwise by machine.) One 100 yd. bolt of gauze (1 yd. wide, bolts folded in ½ yd. widths) makes approximately 150 separate sponges or 30 sponge packages and 386 separate pads or 77 1–5 pad packages. Sponges vary from 8 in. to 10 in. in width. Pads vary from 10 in. to 12 in. in width. Sponges are made double thickness. Pads are made single thickness.

Cotton. I roll common cotton ("Northwest Batts") makes 42 separate pads or 8 2–5 pad packages. One lb. absorbent cotton makes 72 separate pads or 14 2–5 pad packages.

Pins. Each sponge and pad package must be carefully pinned with two pins.

Approximate List of Supplies Needed for Average of 500 Patients for 6 Months (2 nurses)

Adhesive plaster.....2 rolls	Baby outfits.....6
Air cushion.....2	(Including—2 dresses,
Alcohol.....2 qts.	2 skirts, 3 bands, 1 doz.
Applicators.....2 boxes	diapers, safety pins, 2 pr.
Nurse's aprons .....1½ doz.	stockings, 2 blankets.)

Bags (laundry).....2
Bags (small rubber for hand brush).....3
Bags (nurses).....2
Bags (obstetrical).....1
Bath (foot tub).....1
Bandages (gauze).....150
Bandages (muslin).....25
Basins (pus).....2
Basins (surgical).....1
Basins (instrument).....4
Bed pans (perfection)....1
Blankets.....2
Bottles (screw top for nurse's bag).....6
Bottles (2 oz.).....6
Boric acid powder.....1 lb.
Brush (scrubbing).....1
Brush (hand).....4
Camphorated oil.....1 pt.
Cans (aluminum for cotton in bags).....3
Castor oil.....1 pt.
Catheters (glass).....3
Catheters (rubber).....1
Comb.....1
Connecting points (glass).3
Cord.....1 ball
Corks.....½ doz.
Cotton (absorbent).....20 lbs.
Cotton (common).....2 rolls
Cups (collapsible).....2
Cups (drinking).....2
Douche bag.....3
Douche pan (perfection).1
Douche tips.....3
Dressing bags.....2 doz.
Droppers (medicine).....4
Dutch cleanser.....1 box
Elastic bands assorted...50
Enema tips.....3
Feeding tubes.....2
Forceps (dressing).....4
Funnel.....1
Forks.....2
Graduate glass.....1
Hot water bags.....2
Hypodermic syringe.....3
Hypodermic needles.....½ doz.
Ice cap.....1
Instrument cases (linen)..1 doz.
Iodine (tincture of).....3 oz.
Irrigating point.....1
Jars (glass for dressing)...3
Knives (table).....2
Labels.....1 box
Larkspur (tincture of)....8 oz.
Linen (old)
Lysol.....1 qt.
Needles (assorted).....1 paper
Nightgowns (children's cotton).....3
Nightgowns (children's flannel).....3
Nightgowns (men's flannel).....3
Nightgowns (women's flannel).....3
Nightgowns (women's cotton).....3
Obstetrical packages (6 pads in pkg.).....150
Ointment (boric acid)...4 lbs.
Ointment boxes (tin)....2
Olive oil substitute.....1 qt.
Pail (dressing).....1
Paper (27 in. wrapping)..1 roll
Pillow cases.....6 pair
Pins, (safety).....3 doz.
Pitchers (white enamel)..1
Plate (electric or gas)....1
Powder shakers.....3
Probes.....3
Rectal tube.....1
Rubber gloves.....3 pair
Rubber sheeting (1 yd. for obstetrical bag)
Scissors (common).....1 pair
Scissors (surgical).....4 pair
Scalpel.....1

Sheets.....6
Sheets (1 yd. square for obstetrical bag).....12
Sheets (package covers—muslin).....24
Soap, Ivory.....12 bars
Sodium chloride tablets..1 lb.
Spatula.....1
Spindles.....2
Sponges (gauze packages)400
Syringe (bulb).....1
Syringe (small glass)....2
Talcum powder.....4 oz.
Tape measure.....1
Tea kettle (enamel).....1
Thermometer (bath)....1
Thermometer (clinical-mouth).....4
Thermometer (clinical-rectal).....4
Thimble.....1
Thread (black).....1 spool
Thread (white).....1 spool
Thumb tacks.....1 box
Tongue depressors (wooden).....150
Towels (bath).....½ doz.
Towels (hand).....1 doz.
Towels (paper).....6 rolls
Towels (dish).....6
Vaseline.....2 lbs.
Wash cloths.....6

CHAPTER XI

RECORDS AND STATISTICS

It is commonly assumed that records are lifeless things. Dry statistics! Useless records! one says, and yet these same uninteresting statistics can be made to yield the most fascinating and lively facts, if only they are kept and used in the right way.

Ever since the very beginnings of visiting nursing, records of a certain kind have been kept. It was at once perceived that a record of a few essential facts concerning each case handled was a necessity. Also, as the group of people employing the nurse became more and more interested in the social condition of these patients, an account of the things noticed or done by the nurse other than medical or nursing was kept. Day by day the nurse patiently wrote out by hand page after page concerning her day's work; these reports were looked over by the superintendent, sometimes by the trustees, and then filed away, seldom again to be disturbed.

Gradually it was realized that a valuable fund of sociological and medical information was being collected. Information regarding certain questions was asked for by physicians, sociologists, statisticians, etc. It was not forthcoming, however, for the data concerning these questions was kept in so haphazard a manner that it was impossible to pick out the wheat from the chaff. The nurse worked harder than ever to make her records complete; the lay people discussed and meditated upon the need and how best to meet it, and finally a few fundamental decisions were arrived at. First, that in order to reach and cull out the various kinds of information that might be wanted the records must be kept

in a systematic, simple and uniform way. Second, that in order to compare district with district, town with town, state with state, a uniform system should be followed throughout the country. Third, that all extraneous matters and unnecessary information must be lopped off and only such facts as might be used in connection with vital statistics or sociological investigation be recorded.

This, as one can readily understand, was no easy task, and the problem is not yet by any means solved, though several steps have been taken towards its solution.

In the first place it was necessary to teach the nurse what was important to notice and record, and what was not. It might be very interesting to report that "the patient was docile and seemed willing to comply with the requirements," but it was not important. On the other hand, it might be very important to notice and report "that a water pipe had broken, and the water dripping from the ceiling froze as it fell"; the one noted merely a personal characteristic of no importance, the latter indicated that the housing conditions were bad, and the landlord probably indifferent. Again, it was of the utmost importance to find out how long the patient had been ill and whether a doctor had been employed; but mattered not at all what the patient himself thought of his condition.

The next step was to work out a simple and sufficiently full system of record cards and to endeavor, if possible, to make their form and phraseology uniform throughout the country. This last has, so far, not been possible, though a good start has been made. It was found at once that a single system of records would not meet the needs of all communities. A large and complicated organization in a city, doing a very big and highly differentiated piece of work, would need a much more elaborate and comprehensive record card than a single nurse working, say, in a rural community. Moreover, some organizations were laying the stress on one side of the work, some on another.

As a compromise, the Committee on Records of the Na-

tional Organization for Public Health Nursing worked out two systems of records cards, one simple, one complex; both, however, containing what are known as the *ten vital statistics*. These are:

1. Sex—male or female.
2. Marital state—single, married or widowed.
3. Race—white, colored.
4. Age—or date of birth.
5. Place of birth.
6. Nationality—nationality of parents.
7. Occupation.
8. Diagnosis.
9. Number of visits.
10. Condition on discharge.

As will be noticed, the first seven of these have to do with general conditions; the last three only with the medical or nursing data of the case.

The small card prepared by the National Organization for Public Health Nursing contains these ten vital statistics, and place for name and address of patient; name of physician; dates of first and last visit, and space for remarks. This small card is designed for the use of small organizations where the details of the large card are felt to be unnecessary, or for cases where only one or two calls are made. The large history card is for cases where more than two visits are made, or where the social history is significant. This card is double-faced, containing the ten vital statistics and other medical and social information on one side; and a record of the daily condition of patient, and service given, on the other.

About 1,000 associations, nurses and health departments have purchased these forms during the past few years; if this list covers about 700 or 800 communities, as seems to be indicated, this would mean that very good progress in the direction of a uniform record has been made.

When the work of the organization is large and complex two cards are sometimes kept, one "historical" the other

"medical," instead of combined historical and medical. The first would contain the first seven vital statistics, also many other headings, such as number in family; place of residence; number of rooms occupied; condition of same; average income; previous condition of health, etc., etc. This card would be supposed to give information as to the social condition of patients and to point out any contributory causes to the illness, such as bad housing, overcrowding, or insufficient income; predisposition of certain ages or certain nationalities to specific diseases; effect of particular occupations on health, etc.

The second card would record the medical information—the care during the particular illness under observation and, besides the last three vital statistics, the name of physician and space for daily report of temperature, pulse, respiration, physician's orders, services rendered, and remarks. If the individual is cared for by the public health nurse in 1917, for pneumonia, for example, and again comes under her observation for some other illness in 1918, the same history card may be used, but a second medical card will be carried and, when the patient is finally discharged, attached to the other two. It is found convenient in filing these records to keep the historical and medical card or cards of each patient in an envelope, on the outside of which is the name and filing number. Some organizations prefer to keep a separate history card for each patient, others prefer to keep a family history card; the objections to this latter method are that when many of one family are under the nurse's care there are too many cards for one envelope; on the other hand, it is valuable to treat the family as the social unit, instead of the patient. Besides these two cards a small filing card is often found necessary as a cross index, containing merely name, number, address, and possibly disease, name of nurse and doctor in charge.

The chief care in keeping records is to have them accurate. Carelessly assembled or unverified facts are of no value. A wrong name or address may mean a dangerous delay in

Name	Male / Female	White / Colored	Single / Married / Widowed	No.
Address				Age
Birthplace			Nationality { Father / Mother	
Occupation Usually Followed				
Diagnosis	Physician			
Date 1st Visit	Nurse			
Date Last Visit	Number of Visits			
Condition on Discharge, Cured, Improved, Unimproved, Died,				
Remarks				
Record Form recommended by the National Organization for Public Health Nursing.				

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SMALL HISTORY CARD

Name	Male / Female / White / Colored	Single / Married / Widowed	Age	Birthplace	Occupation	No.
Date | Address	F. S. R.	B. I, 2, 3.		Referred by		District
Diagnosis (with date)	Complications			Physician		
Date 1st Visit / Date Last Visit / Total Visits / Nursing Visits	Cond. on Disc. { Recovered / Improved / Unimproved / Died / Nurse Not Needed }			Dism. to { Family / Hospital / Dispensary / Other Care }	{ Free / Paying / M. L. I. / Industrial / Sick Benefit }	

HISTORY—PERSONAL AND FAMILY

MAN	Age	Birthplace	Occupation	——	WOMAN	Age	Birthplace	Occupation
No. in Family { Adults / Children }	Total Income	Roomers { Male / Female }	No. of Rooms	San. Cond. { Good / Fair / Poor }	Rent { House / Tenement / Fur. Rooms }			
Registered with Other Agencies, with Dates								
Reported to Other Agencies, with Dates				Name of Church				

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LARGE HISTORY CARD

the visit of the nurse. Unfortunately so many of the names among district patients are foreign, with unfamiliar sounds and spelling, that it is sometimes almost impossible to understand the spoken word. In such cases the nurse should try to have the patient or a friend write it out. It is also difficult at times to procure the correct diagnosis, as it frequently happens that a nurse may never see the physician whose patient she is nursing, his orders all being left in writing and the diagnosis omitted. At the Henry Street Settlement, New York City, they have adopted the plan of sending a form letter to the physicians asking for correct diagnosis; they say that they are getting excellent results from this procedure, far better than when the information was asked for over the telephone, and at much less expense, as it often takes two or three calls before a physician can be reached.

In the early days of visiting nursing the records were always kept by the nurse herself. To most nurses, however, clerical work is irksome; moreover, their time is valuable and should be spent where it will count the most—namely, in the districts giving instruction, or at the bedsides of the patients. It is an extravagance to use the valuable time of a nurse for clerical work that could be carried quite as well by a less expensive office assistant. In many places a public health nurse is employed in the office as registrar, to have charge of all the records; in others, a clerk receives the data from the nurses and from it fills out the cards and files them; in others again, both registrar and clerk are employed. If the clerk is a stenographer, daily or weekly interviews with the nurse will furnish much information in a very quick and vivid manner. It is felt that a nurse, either registrar or superintendent, should have actual oversight of the records, for only a public health nurse of experience can understand and properly interpret all the data presented, and in the final analysis sift out the essential from the non-essential.

Although we are beginning to recognize the value of properly kept records in public health nursing, nevertheless the work entailed in compiling them is monotonous and consumes

much time, and it often seems, especially to the busy district nurse intent on relieving present distress, as though results obtained did not compensate for the time and energy expended.

Miss Montanye, in an article published in *The Public Health Nurse* for October, 1918, surmises that: "Perhaps one reason for this is that while a nurse may realize that records are important, and may collect material for them from day to day, aside from the direct bearing this material has on the individual patient, she has little knowledge of how it is used or what it really means in its larger sense." Miss Montanye's remedy is that the nurse should be shown not only the result of her work on each patient, but the result of her work as a whole; should see not only her cards and histories filed away with thousands of others, but also the interpretation of her work by means of statistics."

This is best done by an occasional analysis of the records, or an effort to work out from them facts which will throw light on some problem or verify some conclusion..

For such work as this it is well to appoint a committee and ask them, from the records on hand, to work out certain questions: for instance, find the number or per cent of tuberculosis patients being carried, their occupation and nationality, so that you may learn what occupation in your community seems to be the most dangerous as regards this disease, or which nationality is most prone to its attack. You can also find out which section of the town seems to harbor the most cases, and may possibly unearth the reason for this excess in numbers. Recently in New York a study was made by the Henry Street Settlement of all cases of pneumonia coming under their care. As they deal with a very large number of such cases every year (in the month of March, 1918 alone they cared for 1090) it was felt that a careful study of them, including home conditions, might throw some light on why pneumonia is so prevalent in certain sections of the city and among certain people.

Again, by analyzing the records to find out the per cent

of men, women and children carried, or perhaps the per cent of children under three, one is able to see where to lay stress in work, or to perceive its weak points.

This personal work over records arouses interest, shows how they may be utilized, and educates both nurse and lay people to recognize the true value of well-kept, accurate and uniform records. "A satisfactory record is a plant of slow growth. It does not spring up overnight. It may require weeks of experiment to convince us that the information that we are able to obtain upon a given point is so indefinite and unreliable as to be absolutely valueless. Some features that should have been included may have been overlooked in the first draft, No record form may be pronounced complete until it has withstood the test of time."

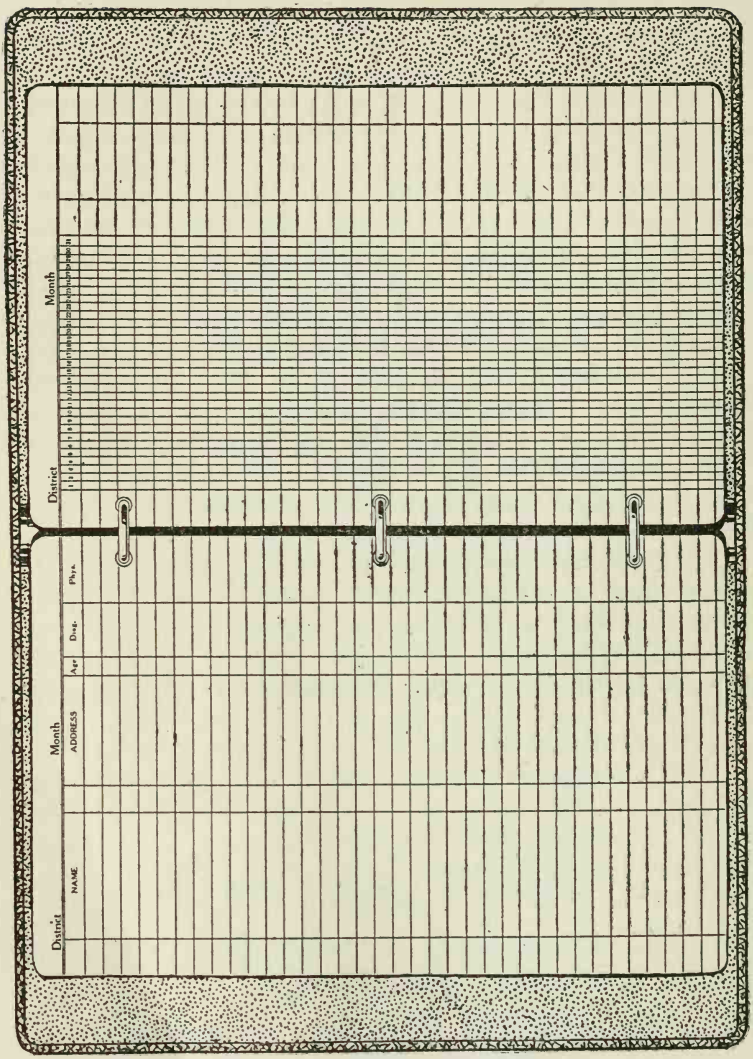
Besides the record cards that are filed away for permanent reference, there is the nurse's daybook, which is used by the nurse in laying out her day's work, counting up her days' and months' visits, and preparing her monthly statistics.

The National Organization has recently gotten out a standard uniform sheet for use in these daybooks, the loose leaf system being found to have advantages over the bound book. This standard daybook sheet is printed with twelve columns, six of them being designated for the following items:

Name,
Age
Address
Diagnosis
Physicians
Checkerboard (days of the month 1–31)

The other columns may be used for any six of the following items:

Floor
Part of house
Sex
Date of 1st visit



NURSE'S DAY BOOK

Referred by
Coöperating agency
Referred to
Termination
Case number or Insurance number
Fee
Nationality
Country of birth
Mother tongue
Number of visits
Visits forward
Remarks

In a large city, for instance, the item floor" or "part of house" might be most useful; in the country it would not be necessary. Some organizations will feel it very necessary to know by whom the case was referred to them, and to whom in turn it was referred; others will feel no need of such information.

These leaves are felt by the National organization to be only tentative, as are the standard record cards—experience may indicate that changes are necessary; nevertheless, they contain the essential items usually found valuable to record, and it is hoped that in starting new organizations for public health nursing these cards and daybooks will be used, and that old organizations will revise their cards so that they may contain the same information under the came captions, as only so can uniformity be attained throughout the country and worth while statistics be procured.

CHAPTER XII

REORGANIZATION

When Visiting Nursing was first started in this country there was no national organization, no unity or uniformity of work, and no standard beyond the standard of a graduate nurse—in fact, some of the early visiting nurses were not even graduates, and of course there were no postgraduate courses, for no one realized that they were needed. Public Health Nurses were supposed to be born, not made, and the only training they had was in the hard school of experience. A graduate nurse to give bedside care to those unable otherwise to obtain it, was the first requisite as then understood; later, it was found that certain social service was inevitably tied up with the nursing of the "sick poor"; and gradually, year by year, as experience and observation opened our eyes and our minds, there grew up a recognized line of procedure, a recognized standard of work, until it was finally realized that a "*Graduate Nurse*" was not a "*Visiting Nurse*" until she had passed through a certain period of probation and had a certain amount of experience in field work.

In those early days organizations interested in public health, or in various medical problems, would engage nurses to visit and care for their particular patients, or to carry out the instructions given at social clinics, without reference to what was being done along more or less the same lines by other organizations in the same city. Finally the time came when many cities found themselves with 10, 20 or 100 or more Visiting Nurses (or Public Health Nurses, as they were then called) working in groups along different special lines of Public Health work, such as tuberculosis, infant welfare, maternity work, general district nursing, school nursing,

etc., often without even knowing each other or knowing of what the other group was doing. Besides these group nurses there would often be single nurses working for some particular organization, perhaps along the very same line followed by one of the groups of nurses.

These large numbers of nurses doing similar work in the same town might or might not have the same standards, the same uniform, or the same ideals. In any case, they worked independently, they duplicated work, they appeared two or three at a time in a patient's home—each with a special contribution of medical care, sometimes conflicting and very disturbing and perplexing to the patient. Some lines of work might be admirably carried on, others in the same city would be utterly neglected. In some places one or two phases of the situation, such as general district nursing, tuberculosis and infant welfare might be well cared for, whereas there might be no provision for school nursing, maternity work or communicable diseases.

In one city it was found that 23 nurses were employed by various organizations working independently, many quite unknown to each other. Their work and the organization employing them were as follows:

City Health Department.....	Infant Welfare.
City Health Department.....	Medical Inspection of School Children.
Antituberculosis Association...	Clinics and Nursing Care.
Jewish Organization.....	Clinic and Maternity Work.
Private Association.....	Clinic.
Settlement.....	Special Group Industrial Workers.
Two Industrial Companies....	Nurse for Employees.
Metropolitan Life Insurance Company.....	Nurse for Policy Holders.

(No care was given to communicable diseases, other than typhoid, pneumonia and tuberculosis.)

After a survey of the conditions the following recommendations were made:

(1) That 2 nurses be appointed to follow up, investigate and, if necessary, give nursing care to those communicable diseases unprovided for.

(2) That a study be made by experts of conditions regarding medical inspection of school children.

(3) Coördination of all nursing forces by weekly conference, one nurse elected to take charge of same.

(4) A uniform record system, set of rules for nurses and other practical standardization of the nursing work.

In other cities it was found that the accent was laid on the nursing care of the individual, to the exclusion or neglect of prophylactic work or a broad view of the health situation and the education of the public. It was not at first realized that the trained Public Health Nurse must learn to estimate the problem of sickness not from the standpoint of the individual case, but in the light of its reaction on the collective life of the community as a whole; that for her the unit should be not the individual, but the community.

These matters, and the bad organization of the work in many cities gradually becoming recognized, various efforts for remedying them were considered and undertaken.

The question of general versus specialized nurses was first tossed back and forth. Which was the better method? Was that the cause of the duplication? The question could not be settled and failed to clarify the situation much. Then the question of economic administration and standardized supervision was taken up. Would a central government or supervision of the nursing care solve the problem? But what central government, what general director? The people studied the question more and more carefully. Gradually it was recognized that in cities where there was such an overlapping and duplicating of work, with a corresponding waste of energy, time and money, there must at once be a complete reorganization of the work. That such a lack of coördination and correlation as existed, often leaving uncared for most important fields, must at once be remedied.

As soon as the public began to realize these facts it began

to take stock, as it were, of its own resources and personnel; with the result that during the last few years many cities, in various parts of the country have entirely reorganized their Public Health Nursing service and placed it upon a much more economic, efficient and unified basis.

Before any definite plan for the reorganization of the work in any community is possible, it is necessary that the various associations, organizations and individuals employing Public Health Nurses get together and agree to forget personal prestige or special lines of work for the general good of the community as a whole. This preliminary step is perhaps the most difficult of all, for when one is interested in some special health problem it is difficult to realize that better and more effective work can perhaps be done by merging it with general health problems, and that it may be wiser to give *better* care to all than *best* care to a limited few. This question of special work is perhaps best being solved by the introduction of special supervisors, corresponding to specialist physicians, and in some cases by the financing and directing of special clinics, hospitals, or sanatoria to which patients may be referred by the nurse for special treatment.

The next most important step is to make a thorough survey of the city from the standpoint of Public Health Nursing. How many nurses are employed? By whom are they employed? What ground does their work cover? What fields are left uncovered? What is the expense of the present system? What is the best as well as the most economical way in which to utilize the present nursing resources? What additional provision for Public Health Nursing is required? Is a centralized form of government best? If so, what form?

This survey may take some weeks or even months, or if conditions are propitious and there is coöperation it may be carried through very quickly.

Taking up the last question first, it is now generally conceded that theoretically the best centralized government under which Public Health Nursing can be placed is the mu-

nicipal government as exercised in the department of health. As we have previously pointed out, the care of the public health is now recognized to include not only the providing of proper water, sewer and other sanitary facilities, and the quarantining of communicable diseases; but to include as well provision for the prevention of disease and contagion, and facilities for combating and curing the same by means of clinics, nurses and general education on health questions. These points once acknowledged, the city, state or county health administration becomes the logical one to select as the controlling and centralized head of the Public Health Nursing service of the community.[1]

1. Dayton Reorganization

The procession of changes and readjustments that take place when an organization goes thoroughly and conscientiously to work to establish its service on a more scientific and efficient basis is admirably shown in the reorganization of Public Health Nursing in Dayton.

The association originally employing the Visiting Nurses in Dayton was known as "The Flower and Fruit Mission." The name itself indicates charity—the benevolent lady carrying food and cheer to the humble sufferer! It is not in keeping with the work of the Public Health Nurse. The Mission caught the spirit of the times and changed its name

[1] In the opinion of many, however, the logical work of a Health Department should be to prevent rather than to cure, to instruct rather than to nurse, and therefore even while they acknowledge that the city should provide certain special groups of nurses to inspect and instruct—as, for instance, school nurses, tuberculosis nurses and infant welfare nurses—they do not approve or advocate giving general bedside nursing care and feel that that should be carried by private organizations. Nevertheless, the few laws which now exist for establishing Public Health Nursing provide for bedside care, even though the emphasis is still placed on preventive work, and we believe that this is a promise of the time to come when public funds will be as freely spent for *home* nursing care as they are now for *hospital* care, to those unable to afford such care for themselves.

to "The Visiting Nurse Association of Dayton." The next step was to make a survey of conditions and needs. This done, the following facts were discovered and recommendations for their readjustment or improvement made:

(1) The Association had never had a supervisor, and the clerical and office work had been done by lay people.

Recommended that a trained Visiting Nurse be engaged as superintendent, and an office clerk engaged for clerical office work.

(2) That the city had never been districted, nurses going to any part of the city and reporting three times daily at the office.

Recommended that the city be divided into three districts, with a general nurse in each district, the hospital student nurse assisting wherever most needed, and the special "Baby" nurse working throughout the city. Also, that the nurses be required to report at the office only once daily.

(3) Nurses had been giving material relief and acting in the capacity of probation officers.

Recommended that such matters be always referred to the proper agency.

(4) The organization had been holding baby clinics and also surgical clinics for the removal of tonsils, adenoids, etc.; these clinics took much of the nurses' time, and as it was found that the hospitals were both equipped and willing to take over the work, it was

Recommended that the hospitals hold out-patient surgical clinics and relieve the Association of same.

(5) The record system was found to be entirely inadequate to the needs.

Recommended that it be gone over and revised.

As soon as the Association had put its own house in order it began to look abroad to see the conditions and needs of the city as a whole. It was found that besides the 4 visiting nurses employed by the Visiting Nurse Association there were 4 nurses under the Board of Health doing quarantine instructive work and sanitary inspection; and one employed by the Society for the Prevention of Tuberculosis; all working independently and with little coöperation. After consultation with the Board of Health and the Tuberculosis Society

it was recommended, and the recommendation favorably acted upon, that the nurses of the Visiting Nurse Association and the tuberculosis nurse move over to the headquarters of the municipal nurses in the Department of Health, and that the supervision of all the nurses be directly undertaken by the Visiting Nurse Association through its superintendent of nurses.

After a six weeks' trial it became evident that while this was a good plan, is still was not the best. Though the nurses were going out from a common office they were still following the specialization plan, several of them covering the same territory, even working in the same family. It therefore seemed wise to do away with the whole plan of specialization, and in its place district the city, placing one nurse in each district, the nurse to do all kinds of nursing. The following reasons for this plan are patent:

a. Economy of time and money.
b. Increase in amount of work.
c. Treat the family as a unit, and consequently better results.
d. Reduction of the number of visitors to a family.
e. Reduction of the size of the district, thus bringing the nurse into closer relation to her families.
f. Reduction of confusion, there being only one nurse in the district, the patients knowing exactly on whom to call.

This plan was installed May, 1914. It necessitated some lecture work to prepare the nurses to carry all the specialties. There has been no pooling of the budget at any time, each organization paying its own expenses. The Health Department supplies office room, light, heat, janitor service and telephone service, and free clinical services. The Visiting Nurse Association supplies the superintendent, nurses' outdoor uniform and bag equipment. The Tuberculosis Society furnishes tents and all tuberculosis supplies.

This plan has now been in operation for five years. The change has worked for the benefit of all and has seemed to justify every reason set forth for its adoption. The city is now divided into twelve districts, with a staff of fifteen

nurses. A community center in the north part of Dayton has recently been opened, where the work for that district is now centralized, with a milk station and free clinic; and they are hoping to open more of these community houses in other parts of the city.

Because of dissimilarity of records before the amalgamation took place, statistical evidence of success is rather hard to obtain. The Visiting Nurses' Association shows a clear gain per year of several thousand nursing calls alone, and far wider range of operation. It has unquestionably increased both the volume and the effectiveness of the work of the Visiting Nurses' Association. It has also increased materially the reach of the Tuberculosis Society, more than doubling it, and its ability to seek out unreported cases of tuberculosis. The gain to the Health Department cannot be shown in figures, but it has been very great. This plan has materially aided in reducing the death rate in Dayton, from 15.7 in 1913 to 14.7 in 1917; and also reducing the infant mortality rate from 139 per 1,000 in 1913 to 97.6 in 1917.

Before advocating the adoption of such a plan as this it would be well for a community to consider the following points:

1. That this plan should be adopted only under favorable political conditions.
2. That there must be a large enough staff to meet increased demands.
3. That there must be adequate supervision of so varied and complete an undertaking.

During the War (1918) the work of reorganization was given a great impetus by the appointment by the United States Public Health Service of Public Health Nurses to work in the Extra-Cantonment Zones surrounding the military camps throughout the country, in order to protect the health of the soldiers in the camps—and, incidentally, the civilians in the zones as well from contagion or illness contracted from bad health conditions in the near-by towns or villages or the

outlying country. In taking up this work the Government soon discovered that in many of the communities Public Health Nursing was already established, but that owing to the individualistic way of carrying on the work it could not be utilized in the most effective and economic manner. A Supervising Nurse, Miss Mary E. Lent, already well known as an organizer, was therefore engaged by the Federal Bureau of Public Health to visit all the Extra-Cantonment Zones, make a survey of conditions and recommend the changes necessary for better team work. These surveys and recommendations, having back of them the federal authority, were received and acted upon with the best possible coöperation by the various communities, and have had the splendid effect of setting the highest standard of unified and comprehensive Public Health Nursing in localities which otherwise might for years have stumbled on, recognizing their difficulties, but without the experience or expert knowledge to realize just what was wrong or how to remedy it. The reorganization as established in these zones will undoubtedly be continued after the present war emergency is over, and will serve as models for similar work in other parts of the country; for its object was not just war aims, but rather to build up a broad, well-founded system of Public Health Nursing which should redound to the benefit of public health conditions.

The method of procedure followed by the Supervising Nurse of the Federal Public Health Service in starting the reorganization work in any community and which can be more or less followed when any survey of Public Health Nursing is made, was somewhat as follows:

First she reported to the Medical Director of the Public Health Service in charge of the work in that particular zone and asked permission to inspect the nurses' work (and reports of work) being done by the Federal and Red Cross Public Health Nurses under his direction. She then called this staff of nurses together, asked them if there were any other Public Health Nursing agencies in the community

and whether their own work could be better organized and correlated with the local nurses. The local nurses were then called and the situation talked over.

Conferences were held with:

President of all groups of nursing agencies.
Influential men and women interested in health work.

And addresses given before such groups as:

Medical Societies.
Mayor and City Council.
Welfare Boards.
Women's Clubs.
Churches, etc.

These conferences and addresses were given in order to enlist the sympathy, understanding and correlation of all social service workers.

After these preliminary conferences, etc., a map of the city was drawn, the facts concerning the population, distribution, number of school children, number of births, vital statistics, etc., secured, and from this data conclusions as to the best plan of organization for this particular zone were arrived at. The final plan, as worked out, was usually presented at a mass meeting.

The most important points to be brought out were:

(a) The most economical and yet efficient way in which the zone's resources could be utilized.
(b) The educative value of the work from various standpoints.
(c) To show the community how little was being done to meet the public health needs considering the amount of money spent, because of lack of understanding and correlation of work.

The controlling purpose in the work of reorganization should be to bring about more effective coördination of all related work, and to eliminate all duplication and overlapping, which always results in serious handicaps and in

an uneconomical use of the resources at the disposal of a community.

(a) The establishment of all the work under one central governing body.
(b) The redistricting of the city according to population and nursing needs.
(c) The use of general instead of special nurses (the advantage being that it brings constantly to the attention of the nurse all the difficulties and needs of a family group, instead of dividing responsibility among several unrelated groups).
(d) Increase of nursing staff, when necessary.
(e) Increased supervision, with specialists for supervision of special work when staff workers are not thoroughly qualified to carry specialty.
(f) Standardization of methods and work; uniform and equipment; records and reports; standing orders.
(g) Economy of nurses' time, (1) by using properly qualified clerk for clerical work whenever possible; (2) by establishment of branch offices when main office is far from district; (3) by use of automobile for supervisor, etc., when distances covered are great.

In regard to the cost of automobile service for the nurse some very interesting figures have been procured.

In Greenfield, Mass., the Visiting Nurse Association provided a Ford for the use of the nurse, and found that she was thereby enabled to make an average of 12 calls a day, increasing her yearly number of visits from 1,686 to 3,548, or an increase in efficiency of over 50 per cent.

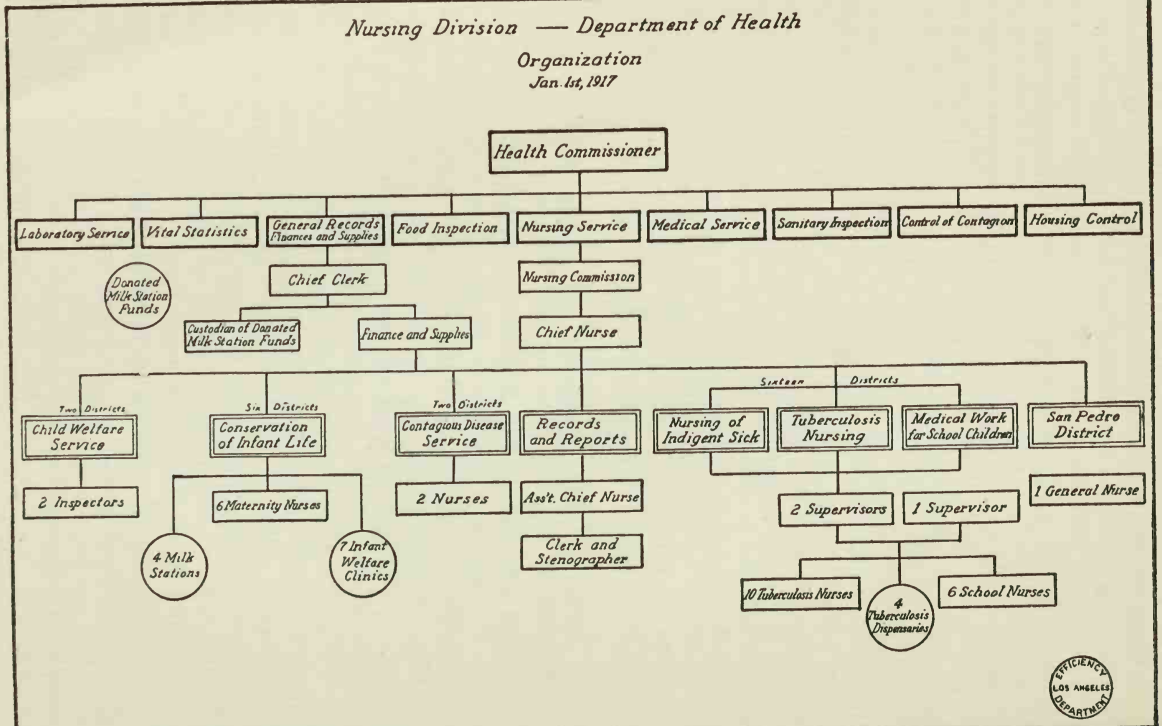
In Los Angeles, Cal., the increase in efficiency because of the use of a Ford was also very great. Miss Lent, in her Report on the Reorganization of the Nursing Division of the Health Department of that city says:

"The provision of a Ford runabout for my use as organizer, and the use of the chief nurse hereafter, at a cost of about $425.00 has very greatly increased my opportunities for service and will continue to multiply the effectiveness of the chief nurse in the administration of the nursing service.

"A rough comparison of the cost of automobile transportation with the value of actual time saved shows that a total distance of 4,500 miles which the machine has run in this service has consumed a total of 224 hours, or the equivalent of about 28 full days during the six-month period. The cost of this transportation at 5 cents a mile aggregates $225.00. The same distance travelled by street car at an average of 7 miles per hour would have consumed 640 hours, which is 415 hours (or 52 eight-hour days) in excess of the time actually consumed with the automobile.

"In other words, a saving in travelling time equivalent to almost two months' continuous service has been effected by the provision of proper transportation facilities. At the rate of compensation allowed for this service it will therefore be seen that a net saving to the city of something like $250.00 has resulted from the provision made for automobile service. From a practical standpoint, if the automobile had not been provided, a large part of the service performed would have been omitted and the apparent cost would have been less than the actual cost with the automobile. The advantage to the city is in the form of increased service.

This report on the reorganization of the work done in Los Angeles is printed in pamphlet form and can be procured from the office of the National Organization for Public Health Nursing in New York. It is full of most interesting material and would be most suggestive and helpful to any one contemplating the reorganization of public health nursing. The chart on page 134 shows how the work in Los Angeles was reorganized on January 1st, 1917. A comparative report for 1916 and 1917 shows a remarkable increase in work accomplished during the first year of reorganization. In November, 1918, a complete system of generalization was established, doing away with the special group of nurses doing maternity and infant welfare work. The city was divided into 22 districts, and each nurse is responsible for all the public health nursing in her own district, excepting communicable diseases.


Nursing Division — Department of Health
Organization
Jan. 1st, 1917
Health Commissioner
Laboratory Service
Vital Statistics
General Records Finances and Supplies
Food Inspection
Nursing Service
Medical Service
Sanitary Inspection
Control of Contagion
Housing Control
Donated Milk Station Funds
Chief Clerk
Nursing Commission
Custodian of Donated Milk Station Funds
Finance and Supplies
Chief Nurse
Two Districts
Child Welfare Service
2 Inspectors
Six Districts
Conservation of Infant Life
6 Maternity Nurses
4 Milk Stations
7 Infant Welfare Clinics
Two Districts
Contagious Disease Service
2 Nurses
Records and Reports
Ass't. Chief Nurse
Clerk and Stenographer
Sixteen Districts
Nursing of Indigent Sick
Tuberculosis Nursing
Medical Work for School Children
San Pedro District
1 General Nurse
2 Supervisors
1 Supervisor
10 Tuberculosis Nurses
4 Tuberculosis Dispensaries
6 School Nurses
EFFICIENCY
LOS ANGELES
DEPARTMENT

COMPARATIVE YEARLY REPORT, 1916–1917, LOS ANGELES, CALIFORNIA

Whole Division	1916	1917
Home visits	28,636	40,707
Making an increase of visits during 1917		12,071
Miscellaneous visits	5,611	2,783
Making a decrease of visits during 1917		2,828
Milk Station Report:		
Milk modifications taught	79	177
Average pts. per day receiving, milk formula	16	10
Average pts., home feedings	47	76
Average mothers per day milk	8	7
Qts. of milk bought	15,310	27,217
Welfare Service:		
Baby Conferences held	328	344
Attendance at conferences	2,881	4,393
Making 16 more conferences held with increased attendance of during 1917		1,512
Home visits to babies	3,276	9,368
Making an increase of visits during 1917		6,092
Prenatal and Maternity Service:		
Home visits	3,884	4,112
Making an increase of visits for 1917		228
Tuberculosis Service:		
Clinic attendance	21,440	23,830
Making an increased attendance of in 1917		2,390
Home visits to patients	10,125	11,674
Making an increase of visits for 1917		1,549
District Service:		
Home visits	8,687	8,966
Making an increase of visits for 1917		279
School Service:		
Home visits	2,664	3,842
Making an increase of visits for 1917		1,178
Communicable Disease Service:		
No report until November, 1916		
Home visits to district cases		1,025
Home visits to school children		1,720
		2,745

Parochial Schools:		
Visits	116	208
Child Welfare:		
Visits to Maternity Homes and Hospitals	202	381
Visits to Day Nurseries and Boarding Homes	887	1,196

The plan for the reorganization of the work in Pittsburgh, Pa., as proposed by Miss Katherine M. Olmsted in her survey of that city, is another interesting form, showing the manner in which a committee of private citizens may be attached to a health department to assist in supervising the work of the Public Health Nurses. Such a committee could not but be a great help in preventing the work from falling into the hands of politicians and in keeping up the standard of the nursing.

In her report accompanying the proposed plan, Miss Olmsted says we should "make it possible for all residents to have health protection, as well as fire and police protection. The day is near at hand when skilled Public Health Nursing care will be at the disposal of every person, rich or poor, as education is now free to all."

In commenting upon the Public Health Nursing Committee of citizens, which is perhaps the peculiar feature of this proposed plan, Miss Olmsted says:

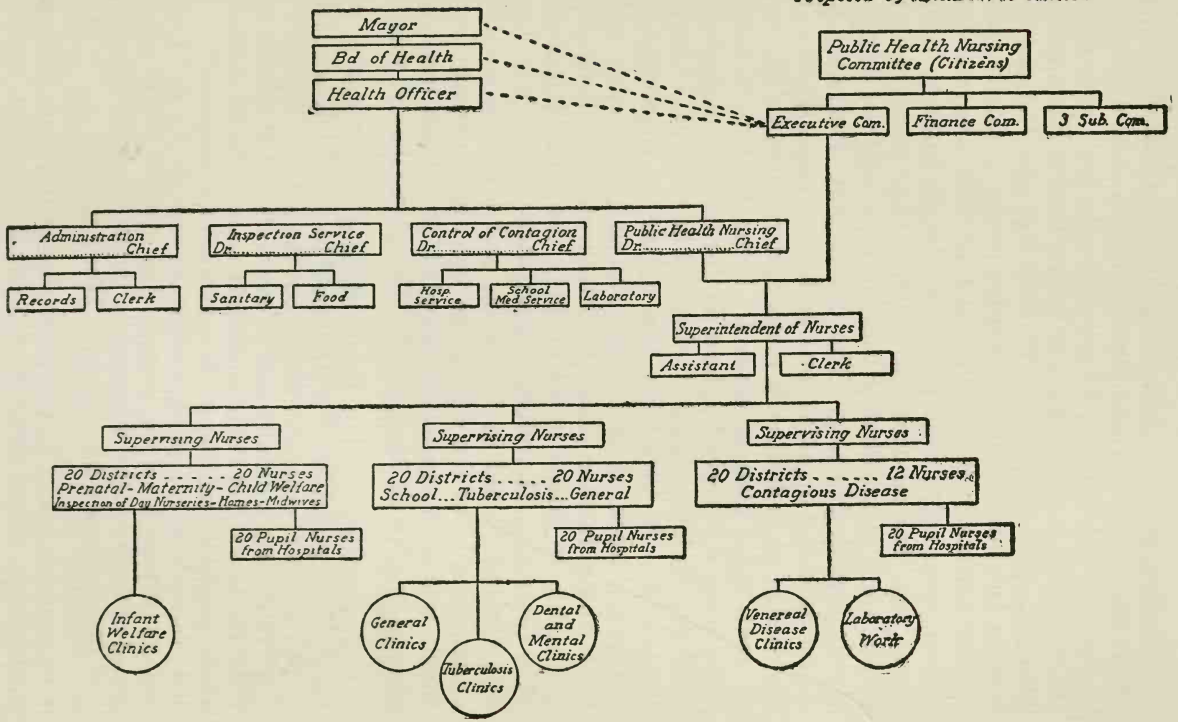
"It is recommended that this Committee be composed of men and women interested in and familiar with the newest and best methods of conducting a continuous campaign to conserve health and control disease."

In a previous paragraph she says:

"The Boards of many organizations in the city have for years supported nurses and have gained valuable experience and are awake as to the needs and value of nursing service. . . . A Committee carefully chosen, representative of various agencies in the city, will do much towards correlating all the social work in the city and making coöperation effective."

Reorganization Plan for Public Health Nursing Service ..... Pittsburgh, Pa.

Proposed by Katherine M Olmsted



She then suggests that "The Health Commissioner and chiefs leave matters of programs, policy and nursing procedure to the Nursing Committee as much as possible." As the Chief of the Bureau of Public Health Nursing would also automatically be the President of the Nursing Committee, the Bureau and Committee would be closely related.

Miss Olmsted's survey showed that "there were about 80 nurses doing some form of Public Health Nursing in Pittsburgh, but that all except some 20 of them were confined to special work of one kind or another, and could not do general Public Health Nursing. The others were controlled by a dozen different organizations and were working with little knowledge of each other's plans and problems. There was no centralized plan or control. Some sections of the city were being well served, others almost entirely neglected." [1]

These findings aroused the public-minded citizens of Pittsburgh. A committee was appointed to study intensively the work of each organization in the city, and to work out a further plan of centralization, it being found impossible to adopt in its entirety the plan suggested by Miss Olmsted. The effective assistance of Miss Nan Dorsey was secured to aid in the work, and after six months of unremitting labor the committee was able to present a plan which was enthusiastically adopted at a mass meeting of citizens on March 13th, 1919. The plan adopted was:

1. To establish a Public Health Nursing organization in Pittsburgh, the organization of which would be sufficiently comprehensive to permit of expansion throughout the county if needed.
2. To develop a definite plan of coöperation with the Bureau of Child Hygiene and of Communicable Diseases of the Department of Health, and with existing social agencies in the community.
3. To work out a plan of coördination with the Nurses' Training Schools of local hospitals, whereby the students might receive a period of three months' field work in Public Health Nursing.
4. To maintain a department of hourly nursing.

[1] From the Report of the Committee appointed to study the situation in Pittsburgh.—*Public Health Nurse*, April, 1919.

This plan is at present writing (April, 1919) in process of being worked out; when put into force it should secure for a large industrial city the general Public Health Nursing required and a centralized government for the work.

In Akron, Ohio, all the Public Health Nursing, which includes school, prenatal, maternity, infant welfare, general visiting nursing, tuberculosis and instructive care in contagious diseases, has within the last two years been entirely reorganized and placed under municipal control. At present the work is being done by general nurses with *specialized groups*. This is not an ideal form, as there must perforce be some duplication and consequent loss; but is was rendered necessary by the impossibility of securing a sufficient number of general nurses adequately trained in the specialties. There is, however, a splendid spirit of coöperation between the groups, which are all under the one general Superintendent of Nurses, and this helps to overcome the danger of overlapping. The staff has increased during the past eighteen months from seven to twenty-eight nurses, which speaks well for the growth of the work. The general financial support comes from the city, though the Anti-Tuberculosis Committee of the Red Cross supports two tuberculosis nurses who are, nevertheless, subject to the same rules and regulations as the Department nurses. Such coöperation between a city and a private or semi-private organization, is encouraging.

Sometimes the reorganization of the Public Health Nursing in a community is not as drastic as these which we have mentioned. It may be a combining of several private organizations into one; as in Toledo, where the Thalian Society for Tuberculosis combined with the Visiting Nurse Association: or it may be the dividing of one into two, as in Richmond, Va., when the work under the Nurses' Settlement was divided into two branches—the Visiting Nurse and the Social Worker, each branch having its own president and officers and finance committee.

Proper organization of all the Public Health Nursing

available in a city means a saving of energy, time and money, with a corresponding increase of efficiency and volume of work; and can only be accomplished after a thorough survey of the city's resources, and when a comprehensive knowledge of the city's needs has been acquired.

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